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BY

IRA CARLETON CHASE, A. M., M. D.,

FORT WORTH, TEXAS.

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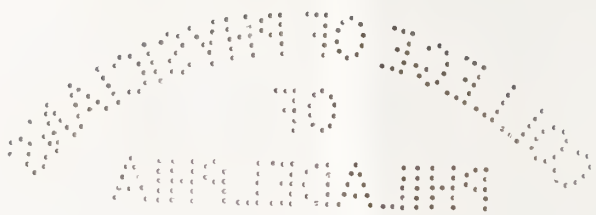

Texas State Journal of Medicine

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VOL. IV. MAY, 1908. No. 1.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Important!

Annual State meeting convenes at Corpus Christi, May 12, at 10 A. M.
Railroad Rates—One and one-fifth fare.
Selling Dates—May 10 and 11 for trains arriving May 12.
Time Limit for Return—May 17, three days after the meeting.
Special train from North Texas, see schedule and directions for sleeper reservation, page 20.
Program of the meeting was published in the April number of this Journal.
Registration Office at Board of Trade Rooms.
Hotel accommodations obtained in advance by applying to Dr. W. E. Carruth, Corpus Christi, Chairman of Hotel Committee.

The Corpus Christi Meeting.—Prospects for a good attendance at Corpus Christi are very bright. The pictures and description of the city in the last JOURNAL have helped to arouse enthusiasm. The local physicians of Corpus Christi have sent out a very complete booklet giving information about the resort and the plans of the meeting. An unusually large attendance of local railroad surgeons is expected. Dr. Brumby will have a large delegation of city and county health officers on hand. There will be a greater variety of entertainment than is usual at most Association meetings. The selling date of tickets has been advanced to accommodate western traffic, enabling physicians to start from distant points on Sunday, May 10th. The date of expiration has also been deferred to the 17th, allowing a stay in Corpus Christi of three days after the meeting. During these three days parties will be organized for Brownsville, Laredo, Old Mexico and for shrimp and tarpon fishing, yachting trips, etc. Badges will be more unique and elaborate than have ever before been presented. They consist of three kinds—members', delegates' and guests', the name of each class appearing on the pendant. The badge hangs from a metallic buckle, in which is space for the name and address of each wearer. It is believed that these name cards will greatly assist in the introduction, acquaintanceship and entertainment of those present. Corpus Christi is such a delightful place that a large number of visiting ladies are arranging to attend. Corpus Christi enjoys regular convention rates—one and one-third fare with sixty days limit. Those desiring to remain after May 17th may secure an extension of their tickets by paying the difference between one and one-third and one and one-fifth fare. This extension will be arranged for by the exchange of the original ticket by the ticket agent at Corpus Christi. Arriving at Corpus Christi members should first visit the Commercial Club to register and secure badges and programs.

The Status of Delegates and Alternate Delegates.—We have sent to the secretaries of county societies Delegates' Credential Blanks. Each secretary will provide his delegate with one of these blanks entitling the delegate to a seat in the House of Delegates. Secretaries should be careful to issue these blanks in every instance. Secretaries write for further blanks to supply alternate delegates. Alternate delegates are not mentioned by the Constitution. Their election by county societies has been a precautionary measure, so far acceptable to the House. In case the regular delegate can not attend, he should endorse his credential to the alternate on the back of the regular blank. Two accredited representatives would lead to a temporary, and possibly conflicting, duplicate representation at the meeting.

Health Officers Meeting at Corpus Christi.—One of the features of the State meeting will be the gathering of the scattered health officers of Texas. Dr. W. M. Brumby, State Health Officer, has been conducting correspondence with 400 such officers to meet at that time. The Section on State Medicine and Public Hygiene convenes Wednesday, May 13th, at 9-12 a. m. A considerable part of this program is of great interest to health officers. It is said that over 100 have signified their intention to be present. The health officers will be lodged at Epworth-By-The-Sea. This inn is situated two miles from the city on the beach, directly on the San Antonio & Aransas Pass Railway. Baggage

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should be checked to Epworth. Passengers get off the train at the station on the grounds. The hotel is a commodious structure with seventy rooms, most of them furnished with double beds. There are also a number of cottages. The pavilion on the ground comfortably seats 1200 persons and is lighted with electric lights, accessible to the city with the Fowler auto, carrying twenty persons for 25 cents per round trip. Boat service will also be maintained to the city during the convention. The beach is the best on the coast. Free bath houses are conveniently located. Accommodations will be furnished, including breakfast, for $1.00. Dr. Brumby in one of his letters to health officers says, "Fishing is good, bathing is better and boating is the best yet. In case no yellow fever is in sight at the time, it is possible one of our biggest and best quarantine boats will be within hailing distance, but do not mention it for fear some of the balance will wish they were health officers." Dr. Brumby has also planned a dollar dinner for Thursday night, the night after the meeting. There will be good eating, toasts and shop talk of interest to health officers. Those desiring to attend this conference should address Dr. Brumby at once, also say whether or not they are in on the dollar dinner.

Councilors' Annual Reports to the House of Delegates should be sent one week before the annual meeting to Dr. W. B. Russ, San Antonio, Chairman of the Board of Councilors. At the Mineral Wells meeting the House of Delegates instructed the Chairman of the Board of Councilors to make a combined report for the council. The purpose of this action was to shorten the work of the House of Delegates, as individual reports from fifteen Councilors have been found to consume much time.

A Panoramic View of Corpus Christi Meeting.—The Great Western View Company will send one of their representatives to Corpus Christi and be prepared to take a large panoramic view picture of physicians there present. These views are sometimes 10 to 15 feet in length. The picture at Corpus Christi will probably be between 2 and 3 feet, showing the delegates drawn up in a long line. Unlike ordinary group pictures, each figure will be of good size with features clear and distinct. These views usually sell for about $1.50. The *San Antonio Express* and other papers have signified their desire to publish this picture, and doubtless physicians will be glad of the opportunity to see a demonstration of this wonderful advance in group photography.

Guests at the Annual Meeting.—The following guests will be present at the annual meeting: Dr. Fred J. Mayer, New Orleans; Dr. Fenton B. Turek, Chicago; Dr. M. D. Clark, New Orleans; Dr. J. H. Wilson, Quanah; Mrs. E. M. Barrett, Austin.

New Members.—A large number of new members are being placed on our rolls. Some of these may not receive this first number of the JOURNAL promptly. This is usually due to delay in secretaries sending in names and money. Copies will be sent to such new members at an early date.

Delinquent Members.—When the new State roll was made for the last annual meeting, 400 physicians, in round numbers, had failed to renew, and 550 new names were added. We are sending this first number of Volume IV to all last year's members. Judging from the past this issue will reach about 400 delinquents. To each and every one we express our regret at not finding their names not on our new rolls. Unless they renew, this is the last issue of the STATE JOURNAL they will receive. We earnestly urge every one to at once renew his affiliation with his county society. The organization needs every physician's influence, and none can afford to be without association with his fellows, besides all professional standing is now based upon membership in a county society.

Tubercle Bacilli in Butter.—Probably the most valuable contribution to American medical literature during April was the Bulletin of the United States Department of Agriculture, entitled "Tubercle Bacilli in Butter," by E. C. Schroeder, M. D. V., Superintendent of the Experimental Station of the Bureau of Animal Industry, and his assistant, W. E. Cotton. Of all raw foods, milk is the most extensively eaten by the human race, and, as butter appears on the table at nearly every meal, the startling prevalence of tubercle bacilli in it is an important demonstration. It has been shown recently by Dr. Rosenau of the Hygienic Laboratory that pasteurization effectually destroys the tubercle bacillus. The following is the summary of this most important article:

SUMMARY.

1. The conduct of tubercle bacilli in milk is to move both upward with the cream and downward with the sediment and thus, in both directions, away from the intermediate layer of skim milk. The downward movement is due to their high specific gravity and the upward movement to the tenacity with which they adhere to the comparatively large cream globules. Hence, when cream is separated from infected milk it will contain, volume for volume, more tubercle bacilli than the milk.

2. The frequency with which tubercle bacilli occur in sediment from milk is a fair measure of the frequency with which they occur in cream. What this means for the infection of commercial cream may be judged from the following paragraph quoted verbatim from the last annual report of the Secretary of Agriculture:

"The examination of sediment taken from cream of public creameries throughout the country has demonstrated the presence of tubercle bacilli in about one-fourth of the samples."

3. When butter is prepared from infected cream tubercle bacilli are transferred to it in such numbers that they will be present in greater concentration than in the milk from which the cream was derived; hence, measure for measure, infected butter is a greater tuberculous danger than infected milk.

4. Tubercle bacilli embedded in ordinary salted butter remain alive and virulent a long time; after ninety-nine days they show only a doubtful reduction of pathogenic virulence, and have retained their virulence four and one-half months.

5. Butter seemingly contains nothing except salt that acts against the life and virulence of tubercle bacilli. The germicidal value of salt, especially in the proportion in which it is used in commercial butter, is very low. Besides, the distribution of salt in butter is not homogeneous, and hence tubercle bacilli may be so embedded in butter that they are not exposed to the salt it contains.

6. Sunlight is the most potent, natural agent for the sterilization of tubercle bacilli; it kills them in less than one hour when they are exposed to the direct rays of the sun in translucent layers of infectious pus, and in less than five hours when they are exposed in thick, opaque masses of such pus. Weinzirl asserts that tubercle bacilli, as well as other nonsporulating pathogenic bacteria, are destroyed in from two to ten minutes by direct sunlight, and Koch, Jousett, Flugge, Heymann, Di Donna, Cadeac, and others earlier called attention to the rapidity with which tubercle bacilli are destroyed by desiccation and exposure to light. Hence, we may conclude that the conditions by which tubercle bacilli are surrounded in butter, the moist opaque character of which shields them against the germicidal action of light and drying, are ideal for their long preservation. As a matter of fact it is difficult to imagine a better environment for the conservation of the life and virulence of tubercle bacilli not actively associated with tuberculous lesions than butter affords.

7. Unimpeachable evidence proves conclusively that tubercle bacilli of the bovine type, from bovine sources, must be classed as highly infectious for man; hence, tubercle bacilli in butter can not be ignored because they are usually derived from bovine sources.

8. Since tubercle bacilli of the bovine type are certainly more virulent than those of the human type for all species of animals with which comparative tests have been made, it seems reasonable to ask, why should they be regarded as less virulent for man?

9. Tubercle bacilli of the bovine type are more frequently associated with the tuberculous lesions of children than with those of adults. Does this mean that children are oftener affected with tuberculosis from bovine sources than adults, or does it mean that mutations, shown to occur among tubercle bacilli, have had more time to pass through a complete transition from the bovine to the human type in tuberculous adults than in tuberculous children? This question is of special interest in connection with Von Behring's view—that tuberculosis at whatever age it occurs and wherever the lesions are located, arises from latent tubercle bacilli that entered the body through the intestinal canal during childhood.

The authority of Von Behring in the field of tuberculosis is so great that we could not afford to discard his view lightly even if it lacked the abundant support other investigators have given it. If it is true, we certainly have good reasons to believe that the mutations, which quite a number of investigators have recorded as occurring among tubercle bacilli, have had ample time in the lesions of adults to result in a complete adaptive transition from the bovine to the human type of bacillus. Tuberculosis is undoubtedly contracted from two great sources, namely, human tuberculous individuals and tuberculous cattle. When contracted by persons from a human source the bacilli should have the human type; when contracted from cattle, we should find the bovine type common in the lesions of young children, less common in those of older children, and very rare in adults. The occurrence of the bovine type, or of transition forms, in the lesions of adults would signify an exception to the rule of infection through latent bacilli introduced into the body during childhood.

This conception of tuberculosis, like most other modern views of the disease, brings with it no encouragement to regard tuberculous dairy products with complacency; on the contrary it stamps the tuberculous cow as one of the greatest dangers to which public health is exposed.

10. The inhalation theory to account for the occurrence of pulmonary tuberculosis has been shown to be no longer tenable, because no substance can be carried into the finer bronchioles by the respiratory process, and because tuberculous lesions in the lung have been shown to spread from the vascular system, the finer capillaries, and not from the air passages. Dried and pulverized tuberculous material has been shown to lack infectiousness, and the infectious spray discharged from the mouths of tuberculous persons during speaking and coughing has been shown to be of importance only in their immediate environment unless such persons are permitted to handle articles of food, to which the larger droplets of the spray may adhere. The introduction of bacilli into the body through the uninjured wall of the digestive tract, anywhere from the mouth downwards, has been shown to be the chief mode of infection with tuberculosis.

Consequently, fresh, virulent tubercle bacilli in articles of food must be regarded as the greatest of tuberculous dangers and among these, tubercle bacilli in butter, because of their frequent occurrence and their long continued life and virulence, must rank very high as a danger of the utmost significance for public health.

11. It is imperatively necessary for the protection of public health that all dairy herds should be cleaned of tuberculous animals. It makes no difference whether the milk obtained from a tuberculous herd, or a herd that contains one or more tuberculous animals, is sold as milk or cream or butter; in all forms it is equally objectionable and dangerous. It is not a question of the exposure of children alone, but also of adults; the former drink more milk, but the latter eat butter oftener and in larger quantities.

12. Until we are certain that the milk delivered to us by dealers is obtained from healthy cows in every way protected from exposure to tuberculosis, we should not use it until it has been pasteurized or sterilized, and all cream that is not above suspicion should at least be pasteurized before it is used in the preparation of butter.

While we are not special advocates of the pasteurization or sterilization of dairy products, we recognize that the public is forced to resort to some such expedient for its protection, not only against tuberculosis, but also against numerous other infections. Thoroughly clean dairy products require no pasteurization. While unclean, pasteurized milk is fairly safe, unclean raw milk is today the most important cause tolerated by civilization for unnecessary disease, suffering, and death.

The International Congress on Tuberculosis, which meets at Washington, September 21st to October 12th, will be one of the objective points in the

plans of many Texas physicians taking their summer vacation. This will be one of the greatest meetings ever held in America. The scope of the work is so well shown in the list of prizes offered, that at the expense of some space we have published them complete in another column. Last month we spoke of the example set by Harris county in electing their secretary a member of the Congress. We trust other county societies will speedily follow this example. There are two classes of members—active, who pay $5.00, vote and receive transactions, and associate members paying $2.00 without these privileges. Dr. M. M. Smith, Dallas, has been elected secretary of the Texas department of the Congress and has issued a request for contributions to enable the State to be organized, and has also made a plea to secure active members for the Congress. Application for membership with check for $5.00 drawn to Henry Phipps, Treasurer, should be sent to Dr. Smith by all Texas physicians who are interested in encouraging this movement. Checks for special contributions for the State organization should be made payable to Dr. Smith.

Dr. McCormack in Louisiana.—Dr. Oscar Dowling, President of the Louisiana State Medical Association, in a letter refers to the recent visit of Dr. McCormack in Louisiana as "A series of revivals." He spoke at fifteen different points to the profession and to the laity. His visit is said to have been full of elevating sentiment and encouragement, both to the profession and people. Letters of highest acclamation have been received from laymen. It is thought the people are now ready to number the days of flies and mosquitoes. Members of the Legislature gave their assurance that they would see to the correction of existing evils. The public awakening as to the dangers of quacks and frauds was instituted. Better meat inspection, cleaner slaughter houses, better and purer foodstuffs, an improved milk system, and better protection of streams and purity of water supplies are among the subjects uppermost in the public mind. Leading educators are advocating greater attention to the application and teaching of hygiene and preventive medicine in the public schools.

Journals Wanted.—We have had such an unexpected demand for certain numbers of the JOURNAL that our files have run so low we are unable to supply requests for bound copies. We will pay 20 cents per number for the following numbers, and will appreciate it as a great favor if any physicians who have these numbers and do not wish to keep them will mail them to this office:

Volume II, No. 2, June, 1906.
Volume II, No. 3, July, 1906.
Volume III, No. 1, May, 1907.
Volume III, No. 2, June, 1907.

ORIGINAL ARTICLES.

THE RELATION OF THE TONSIL TO SYSTEMIC INFECTION.*

BY

J. M. WOODSON, M. D.,
TEMPLE, TEXAS.

The tonsil is formed by the invagination of the hypoblast into the sinus tonsillaris. This becomes subdivided into a number of compartments which afterwards become the permanent crypts. Lymphatic tissue is deposited around these crypts, and thus the gland is built up. The inner surface of the tonsil is covered with epithelium, and the lateral and external surfaces are covered by a fibrous capsule. The tonsil is an encapsulated gland. The external surface is in contact with the superior constrictor muscle of the pharynx. The anterior with the palatoglossus and the posterior surface with the palato-pharyngeus muscle. The tonsil is thus subject to compression at each act of deglutition. The crypts of each tonsil are from eight to twenty in number and extend through the substances of the gland. Of the many tonsils which I have examined, in all instances the crypts extend through the entire tonsil to the fibrous capsule.

The crypts are of very great significance from a clinical standpoint. It is in these that the foodstuff, debris and bacteria accumulate and become a source of local and constitutional disturbances. Pathological process might be expected to inevitably follow accumulations in the tonsillar crypts. From clinical investigations we know that in many instances in which the crypts are filled with foul-smelling accumulations the patient does not complain of local or constitutional disturbances. How does this decomposed material remain in contact with the tonsil, which is so richly supplied with blood vessels and lymphatics, without giving rise to pathological disturbances? Every clinician is familiar with the foul-smelling grayish, white accumulations which are so frequently present in tonsillar crypts, in the supratonsillar fossa and between the tonsil and its pillars. The explanation is found in the protection afforded by the epithelium which covers the surface of the tonsil and lines the crypts.

It has been shown by Goodale, Nicholis, Castlebury and others that colored powders dusted upon the tonsil readily pass through the epithelium and are found in fifteen, twenty and thirty minutes afterwards in the intercellular space of the tonsil. Those same investigators also tell us that the bacteria when thus applied to the tonsillar surface do not readily pass through the epithelial lining into the tonsil. After the tonsils thus treated have been removed, the powder is easily washed from the surface of the tonsil, whereas the bacteria closely adhere to it. This affinity between the bacteria in epithelium and one method of defense against local and protoplasm is called viscosity, a property inherent and systemic infection. The epithelium also has the property of throwing out a poisonous ferment, produced by the stimulating action of the bacteria in the tonsillar crypts. This ferment often destroys the bacteria effectually if the tonsillar crypts are not occluded

*Read before the Section on Ophthalmology, etc., State Medical Association of Texas, Mineral Wells, May 7, 1907.

by concretions, or by the overhanging plica tonsillaries or plica supratonsillaris. In a healthy tonsil, there is a condition of equilibrium existing between immunity and infection. When obstruction exists the equilibrium is destroyed. A vigorous warfare takes place between the cell ferment and the bacterial toxin. If the epithelium breaks down the bacteria then pass through the tonsillar substance where they have ready access to produce both local and systemic infection. The lymphatic vessels of the tonsil differ from most lymphatic glands in their relations. The lymphatic vessels originate in the tonsil and do not pass through it as in most lymphatic glands. These lymphatic vessels are drained into the deep coronal glands beneath the sterno-cleido-mastoid muscle, thence into the thoracic lymphatics and later into the thoracic duct.

The largest blood vessel is the tonsillar artery, which is a branch of the facial, and enters the tonsil about the middle of the surface, after passing through the superior constrictor muscle of the pharynx and the tonsillar capsule. The ascending palatine of the facial and the descending palatine of the internal maxillary and the ascending pharyngeal and the dorsalis linguae also contribute to its blood supply.

Of the many accusations brought against the tonsil, we have positive clinical and pathological proof that the gland is guilty in many instances of local or systemic disturbances. In many cases of rheumatism, the portal of infection is beyond doubt in the tonsil. While we know very little of this so-called disease, the clinical evidence of its causation is in many cases confirmed by the cessation of symptoms after removal of the tonsil. The gravest of all accusations brought against the tonsil is that it is the portal of infection for tuberculosis. The tuberculous tonsillitis and primary tuberculosis of the tonsil is an exceedingly rare condition, but of all the tonsils removed from tuberculous patients the tonsil is said to be tuberculous in about 70 per cent of the cases, and authorities agree that from 5 per cent to 10 per cent of the hypertrophic tonsils removed are tubercuIous.

Cervical adenitis, which is so often seen to follow an attack of tonsillitis in children, may or may not be tuberculous. The hyperplastic inflammatory condition is developed in the cervical glands by repeated inflammation. The glands tend to return to a normal condition after each attack, but very rarely become normal before another attack of tonsillitis is induced with swelling of the glands of the neck. The cervical glands are always permanently relieved by removing the tonsil, provided they have not become tuberculous, and in many case where the glands are tuberculous the swelling eventually subsides after the removal of the tonsil.

There is no lack of patients who are rendered almost complete, if not complete, invalids by sore throat followed by an acute articular inflammatory disturbance that is brought at once to a termination by complete tonsillectomy. The best investigators tell us that nephritis is often caused by tonsillitis. This nephritis is usually temporary, but in some instances it becomes permanent. Castlebury in his four hundred reported cases of tonsillectomy, reports three cases in which permanent valvular heart lesions resulted from attacks of tonsillitis. The same authority also reports one case of phlebitis of the saphenous vien which came under his care, attributed to an attack of tonsillitis. Many of the mysterious cases of chronic pharyngitis and reflex pharyngeal cough are at once explained when we investigate the tonsil and find its crypts and folds filled with bacteria, cast off epithelium and food particles in the advanced stage of decomposition.

Toxemia is usually brought to the patient's attention by the following symptoms: foul breath, bad taste, loss of mental and physical vigor, disturbed digestion and headaches. Relief is obtained and confirmation of the diagnosis made by complete tonsillectomy. Tonsillitis is a condition which is likely to retard the growth of the child and interfere with his school attendance in addition to subjecting it to the above mentioned complications.

There are three methods of dealing with the tonsil: by systemic treatment, local applications and surgical interference. The systemic treatment at best is disappointing, and we can never assure our patients of immunity against possible trouble that is likely to arise from the gland. The same may be said of local treatment, which includes chemical cauterization and actual cautery applied to the crypts.

Surgical treatment is the only rational procedure. Shall we do a complete tonsillectomy or remove only part of the tonsil? The last has not been said regarding the surgery of this organ and can not be said until we know more of its function. With the light we now have, I do think that a man of extensive experience can no longer advocate tonsillotomy, but in view of the possible dangers that are likely to arise from any part of the gland a complete tonsillectomy, including the tonsil in its capsule. When this is done, we can promise the patient complete and permanent immunity from tonsillar trouble. All of the lymphatic tissues in the tonsillar follicle are not always included in the capsule of the tonsil and if some lymphatic tissue is left in the tonsillar fossa after a tonsillectomy, we can be sure that this is not tonsillar tissue proper unless it is covered by a fibroid capsule and penetrated by crypts.

In performing a tonsillectomy: The patient's mouth and teeth should be thoroughly cleansed and the tonsillar surface swabbed with a 4 per cent carbolic solution. In adult cases, the tonsil is injected with a ½ per cent solution of cocain and diluted adrenalin solution, making in all from six to eight punctures in each tonsil. This is done by grasping the tonsil with a tenaculum forceps and pulling it toward the middle line. The needle is inserted near the inferior border of the tonsil and the punctures carried around the gland. With the bistoury an incision is made, beginning at the junction of the tonsil with the plica triangularis and extending around the gland. Then a blunt dissector is introduced and the gland thoroughly loosened from its muscular attachments, then with the cold wire snare the tonsil is excised with its capsule. In children a general anesthetic is always required. It has been my custom to use chloroform, and having the patient only in a semi-narcotized condition, with the head hanging over the edge of the table to prevent the possibility of strangulation. All adult patients requiring tonsillectomy should be advised to rely on local anesthesia for relief of pain during the operation, as the co-operation of the patient is of great value to the operator in making a clean and perfect dissection. There are many good instruments on the market for removing the tonsil, and the choice of instrument is left entirely with the operator. It is the operator and

not the instrument that achieves the result. I think I have forever discarded the tonsillatome.

My experience with hemorrhage following the use of the tonsillatomes is amply sufficient to impress me with the danger that is liable to occur from its habitual use, and for this reason I have discarded it from my armamentarium. No operator should undertake a tonsil operation without having at his command the best hemostatic appliances. Only those who have had experience with severe tonsillar hemorrhages are in position to fully appreciate the importance of using every precaution to prevent hemorrhage and of having the best hemostatic appliances on hand in event the hemorrhage is troublesome. I consider the chances for troublesome hemorrhage very slight if we are careful not to incise the superior constrictor, the palatoglossus and palatopharyngeus muscles. This is the real secret in the successful performance of tonsillectomy, and the operator who appreciates this will use every care not to invade the muscular walls surrounding the tonsil. The tonsillar vessels break up into small branches after leaving the muscles, hence smaller vessels are encountered if the muscles are not invaded. Cesselberry in his report of four hundred tonsillectomies reports more or less troublesome hemorrhages in 5 per cent of the 275 cases in which the tonsillotome was used, and no trouble from hemorrhage in the 125 cases in which the cold wire snare was used.

Tonsillotomy is such a common operation in the eyes of the general physician that it does not have the dignified standing it deserves. If done correctly, it is not an easy operation, nor is it devoid of danger. If the indifferent surgeon would enucleate and not decapitate, they would have more respect for the operation and the good results would more than compensate them for their extra trouble and anxiety. Small diseased tonsils often cause more trouble to the general health than large diseased ones.

DISCUSSION.

Dr. R. E. Moss, San Antonio, said he regarded the third tonsil of more importance in the child than the faucial tonsils. The best way to operate on children is to take a curved bistoury and free the tonsil from adhesion, then with the fingers finish the dissection and cut the strip of fibrous tissue at lower margin with scissors or tonsillotome. I usually give an anesthetic in adults. I grasp the tonsil with a volsellum and then with a pair of scissors, especially adapted for the purpose, remove it. If you confine your dissection to cellular tissue, there is very little danger of hemorrhage. A man not familiar with scissors in this work had better use a snare. I have had three severe cases of hemorrhage in my practice and it was due to wounding muscular tissue.

TOXEMIA OF PREGNANCY.*

BY

R. J. ALEXANDER, M. D.,
WACO, TEXAS.

The conception of a special toxemia of pregnancy has grown from a small and vague beginning to a well-developed theory which interests and challenges attention. The existence of such a condition is no longer a matter of doubt. The extent to which it prevails, its source, will unquestionably be long a subject of debate.

*Read before the Section on Gynecology and Obstetrics, State Medical Association of Texas, Mineral Wells, May 7, 1908.

Toxemia of pregnancy may be defined as an autointoxication, or a toxic state of the blood, arising from some as yet unknown cause, perhaps mainly from hepatic and renal insufficiency, to which a pregnant woman is strongly predisposed; sometimes resulting in acute yellow atrophy of the liver, acute nephritis, pernicious vomiting, eclampsia, etc.

Pathological Anatomy.—I have not had a personally observed autopsy finding, but will rely on the observation of those who have. The anatomical alterations chiefly affect the kidneys, liver and spleen, exceptionally the peripheral nerves and thyroid may be involved. The blood state in fatal cases resembles that of severe sepsis. Lesions of the liver are constantly present, but exhibit great irregularity in extent and severity. They are either degenerative or necrotic, a certain degree of fatty metamorphosis is said to be the rule in pregnancy and from these changes there may occur a steady increase in intensity until acute parenchymatous hepatitis is reached. This condition consists of an acute fatty degeneration plus a proliferation of the interlobular connective tissue. In like manner necrosis may develop in fatty degeneration in increasing severity until it culminates in acute yellow atrophy of the liver. On account of this necrotic and degenerative change the liver varies in size and appearance in acute toxemia of pregnancy. In one instance the organ may be the seat of acute parenchymatous hepatitis, with no diminution in size, while in another the necrotic element is so marked that the size may be reduced to a third of the normal. Ewen regards necrosis of the cell as almost inseparable from the acute toxemia of pregnancy and gives the following degrees of intensity: "Necrosis may be limited to individual isolated cells throughout a lobule; or, finally may involve the whole lobule, save a sight peripheric rim of cells."

The appearance of the kidney is very irregular. Some pathologists deny the existence of a specific kidney of pregnancy, but Van Leydon appears to have demonstrated the existence of such a condition and says: "The pregnant kidney is an acute fatty infiltration of the kidney which does not compromise the integrity of the organ, and which tends to disappear after delivery. In rare instances it is found to be associated with acute parenchymatous nephritis, terminating in atrophy."

In acute toxemia of pregnancy, associated with hepatitis and necrosis of the liver, the spleen may be similarly involved. The damage to this organ is held by some to account for the mysterious examples of anemia and leukemia which develop after the puerperium.

Polyneuritis often occurs, sometimes involving the phrenic nerve, as well as the peripheral nerves.

Melancholia, mania and insanity are sometimes seen. The thyroid in pregnancy is ordinarily enlarged; the thyroid changes are somewhat doubtful.

Etiology.—One of the first theories of the toxemia of pregnancy was that gestational toxemia was simply a uremia. By many the kidneys were held wholly responsible. This arose from the association of albumin with the attacks and the similarity of the convulsive seizures in eclampsia to uremic convulsions. Albuminuria is almost the rule in pregnancy. At the time when eclampsia usually occurs albumin is present in

80 per cent of normal pregnancies. On the other hand, even severe nephritis and albuminuria may be present and there be no signs of eclampsia. The occurrence of casts far more frequently in the urine of multiparæ than primiparæ is a strong argument against the renal origin of the toxemia of pregnancy. For 80 per cent of the cases of eclampsia occur in primiparæ according to German statistics where the kidney condition is more favorable.

Renal insufficiency with retention of toxic waste products, increased by the incident of pregnancy, was the explanation which arose from this conception of the toxemia. Urea naturally held the first place as the toxic agent, as it makes up so large a part of the tissue waste and was so long associated with uremia as its cause. Brown, of San Francisco, reports three cases in which the urea elimination in twenty-four hours was as low as 3 grams, and were confined without convulsive manifestations. I had under observation a case where the urea elimination at one time ran as low as 5 grams, increasing in amount, however, before confinement, and was delivered without convulsions. These cases will show the extreme fallacy of relying upon the daily urea estimations as evidence of the nitrogenous elimination of the patient. I have no doubt that the other excretions of the body contained relatively increased amounts of nitrogenous products in the form of ammonia, kreatinin, uric acid, etc., as has been shown, in normal persons, when the urea is diminished. Don't think for one moment that it is useless to estimate the daily elimination of urea. Normally 80 to 85 per cent of the total nitrogen is in the form of urea, but is controlled to a great extent by the diet and amount of nitrogen eliminated in other ways. Rather we should study more thoroughly the metabolism of the system and prepare to keep up with the daily elimination of all nitrogenous substances derived either from katabolic activity or from the ingesta, most commonly suspected of participating in the toxemia of pregnancy.

The failure of the liver to synthetize the lower nitrogenous products of katabolism to urea and uric acid is held to be responsible for the accumulation of these substances in the blood. There are included here amino-acids, ammonia, xanthin bases, etc. However, but one of these, carbamic acid, is a known chemical poison, and this has not yet been found in the blood in toxic quantities. Since the liver in pregnancy is in a state of exhaustion, it may not be able to fix and neutralize ordinary poisons which have a special tendency to injure the liver. We must also bear in mind the bacterial toxins and keep before us in our investigations the probability of some pathogenic micro-organism that may play an important part in this disease.

REPORT OF CASE.

Mrs. S., married, age 36; seen in October, 1905. She gave a history of having been pregnant six and a half months; had never been pregnant before; complained of headache, dimness of vision, muscular pains, some sick stomach, and general edema, most marked in feet and ankles. Urine contained albumin in great quantities, hyaline and granular casts and a low percentage of urea. She had every indication of a severe toxemia. As had been ordered for some time, she was continued on a milk diet and kept under daily observation for two weeks longer, with no improvement. At the end of this time her physician was of the opinion that the fetus was dead. I was sent for to assist in bringing on premature labor, which we proceeded to do, and delivered her of a seven months fetus, which showed to have been dead for twenty-four or forty-eight hours. The fetus was delivered in so short a time after its death, we were unable to observe any improvement in the patient's condition from what it was before delivery. Patient made an uneventful recovery; urine soon showed negative results in regard to albumin and casts. The normal vision in one eye never fully returned.

August 30, 1906, I was called to see this patient again; her regular physician being out of the city, she was placed under my care. I found her again pregnant, seven months, at about the same period of gestation that premature labor was induced the previous year. She stated that her physician had made a urinary examination just a few days prior to this time and gave a favorable report. I found her suffering with almost the same symptoms as in her previous and first pregnancy, a year before, only with evidence of a more severe toxemia. She complained of severe headache, muscular pain, sick stomach, and dimness of vision. Urinary findings showed the urea percentage to 1.4 per cent albumin, grams 9 to liter, hyaline and granular casts. I instructed the nurse to preserve and give me daily a specimen from the whole amount of urine voided in each twenty-four hours. I compiled a chart showing the result of a daily examination of the urine, giving total quantity of urine, albumin, and urea eliminated from September 1 to October 22, covering a period of fifty-two days. At the end of this time this patient was delivered of a six and a half pound girl, healthy and well developed, having no trouble whatever in her delivery. The greatest amount of albumin, approximately sixteen grams to the liter. This may seem to be rather high percentage, but the examination was carefully made with Esbach's solution as a reagent and in this instance running far above the scale on the albuminometer, which was read after standing twenty-four hours, and approximated sixteen grams. After this the urine was diluted until we could get the exact reading. The urea ran as low as five grams in twenty-four hours with no convulsions. The urea had, however, increased in amount, and the albumin decreased at time of delivery, but at this time the chart showed there were three grams of albumin to the liter, and the urea elimination was about half the normal amount. I refer to this in evidence of the fact that nephritis, and failure in elimination of urea, is not wholly responsible for convulsions, which is only one symptom of toxemia.

I have seen many of these toxemic states occur in the puerperium coming on with a chill, high fever, sick stomach and all kinds of muscular pains, with checked secretions. This condition is often recognized and treated as septic, malaria or other fever. I have seen this condition immediately clear up after the administration of eliminative treatment, and we often wonder at the system being so readily cleared of septic material. In my opinion this condition is caused from this peculiar toxemia, many times leading to eclampsia.

In this case, immediately after delivery, the quantity of urine and urea dropped near the normal line, but urinary findings at present still show some trouble with the kidneys. She also suffers a loss of vision, as a result of the albuminuric retinitis. At one time just prior to delivery, vision fell to 1/200, but since delivery has gradually improved, until it now equals 20/30. This condition is reported by the oculist who examined her eyes, as a result of the atrophy following the retinitis, and will undoubtedly remain impaired.

Treatment.—Believing I had a poisoned patient, from a poison that originated within the system, but not knowing the exact source, the first indication presented was met by placing the patient in bed and relying on a diet and medicine that was nonirritative to the kidneys, and at the same time favored elimination of every excretory organ of the body. The diet consisted for quite a while of skimmed milk and calomel, powdered squills, digitalis of which one grain each was given three times a day, for only a few days until patient complained of a sore mouth, when, to my regret, these had to be discontinued. I then relied on epson salts and apinta water until the optyalism was relieved. At this time I began to see evidence of an increased toxemia. The patient was again placed on calomel, squills and digitalis, which was kept up for a week. Following this the edema and general toxic symptoms disappeared to a great extent until the day before delivery, when they again made their appearance. She was then given three grains of calomel in one-half grain doses, one hour apart, which immediately relieved the severe headache and other manifestations of toxemia. The next day her delivery occurred as I have stated, without any trouble.

RETRO-UTERINE DISPLACEMENTS.*

BY

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Realizing that it is of little practical importanee whether we have a flexion or version, I have, for the sake of brevity, eliminated eaeh, and will dismiss them with the statement that about 85 per cent of all posterior displacements are retroversions. The exeeptional ascending position aeeompanying posterior displacement is always seeondary to extensive pathologieal lesion and should not be discussed from the standpoint of primary displaeement.

Having simplified the subject by these eliminations, I will diseuss primary posterior displaeements with prolapse, for the two conditions are practically inseparable. This is by far the most frequent of all pathological positions of the uterus and oeeurs mueh more frequently in women who have borne ehildren. As this is the day of preventive medicine and surgery, as well as radical curative methods, it is obviously important to first discuss the causes and conditions tending direetly or otherwise to produce a posterior uterine displaeement. The safest and surest way to proteet a woman from the burdens ineident to a pathologieal retro-displaeement is to prevent the displaeement.

CAUSES.

Perineal Laceration and Relaxation.—Of all eauses, laceration and relaxation of the perineum following labor is the most frequent, and I regret to say that it frequently exists as a result of the failure of the obstetrieian to promptly and properly repair perineal laeerations. The levator ani museles assist in dilating the sphineter and in guiding the feces to the anus. When the perineum is torn and the opposing aetion of the levator ani muscles is absent, the feees, by muscular effort and abdominal pressure, are driven against the posterior vaginal wall, which eventually results in a retroeele; the posterior vaginal wall pulls on the eervix and drags down the uterus. After perineal tears, and especially if allowed to heal by granulation with resultant excess of eieatrieial tissue, the sensibility of the rectum is impaired and fecal aeeumulations aet as an additional eause of displaeement. The anterior vaginal wall, having lost its support, in time becomes prolapsed and all of the supports from below, viz., the vagina, reetum and bladder and upper-pelvie structures being removed or markedly weakened, the ligaments from above are not eapable of retaining the uterus in position. They are put in a state of tension, whieh sooner or later must result in relaxation and stretehing, and the fundus gradually drops baek, frequently until it finds support behind in the hollow of the saerum.

A Broad Pelvis may so separate the organs as to remove the mutual support they should give to eaeh other.

Over-Distention of the Bladder presses the fundus baekward, and, if long eontinued, it may be forced to a point where it will reeeive the intestines in the anterior surfaee and a permanent posterior displaeement results.

An Incorrect Position in standing, sitting or walking, if long eontinued, may produce posterior displaeement. In the correet position, the line of gravity falls at the symphasys pubis, but if the woman bends forward the entire weight of the abdominal eontents presses against the uterus. I eondemn hose supporters whieh are fastened to the eorset above and so pull the woman forward as to ehange the line of gravity.

Long Dorsal Position After Confinement is a very frequent cause of posterior displaeement. The uterus is large and heavy; the ligaments and all supports are relaxed, and it is perfectly natural for the uterus to drop baek, possibly to the sacrum before it finds support.

Tight Abdominal Bandaging after eonfinement is another frequent eause, as it forees the uterus baek to the saerum, stretching abnormally all of its supports. A bandage should never be allowed except as a means of eontrolling hemorrhage.

Heavy Clothing and Tight Lacing force the abdominal eontents down, whieh, in turn, depresses the uterus, stretehing the ligaments and interfering with the normal up and down motion so neeessary for its proper eireulation.

Enlargement and Increased Weight.—Any eondition whieh produees an enlargement or increased weight of the uterus puts the ligaments on undue streteh, and if long eontinued they become weakened and lengthened.

SYMPTOMS.

The common symptoms are backaehe, usually of dull, heavy eharaeter, intensified by the ereet posture and frequently relieved when reelining—a statement of dragging pains from the small of the baek through the abdomen to the pelvis, and the frequent remark that there feels as if there was something in the pelvis that wants to "eome out"—a history of constipation and partial loss of expulsive force in the bowels, with a frequent reference to a bulging into the vagina during an effort at defeeation. Hemorrhoids are frequent, as is leucorrhea. Menstruation is frequently profuse. Posterior displaeements are frequently a cause of sterility.

Finally of the subjeetive symptoms, we have the nervous phenomena of a neurasthenic type. The symptoms are neeessarily varied, and there is nothing definite in their grouping to indieate the eause. We have, however, the motor and sensory phenomena, the eardiae disturbanee, headaehes, tired feeling, pains in baek and thighs, loss of appetite, emaeiation and vertigo.

The objeetive symptoms are elear, but usually after getting the subjeetive symptoms in detail we know our ease before diagnosis is made. On digital examination, the eervix is located and found pointing forward and not toward the coecyx. The fundus is not found above the symphasis, but on deep pressure from above, with the examining finger in Douglass' poueh, the fundus is outlined posteriorly. It is often more satisfaetory to make this examination per reetum. Mobility ean best be aseertained in the knee-chest position, as well as any other pathological lesion that may be present in the tubes, ovaries, broad ligaments, or perineum.

*Read before the Section on Gynecology, State Medical Association of Texas, Mineral Wells, May 7, 1907.

TREATMENT.

Authorities eommonly divide primary posterior displacements into aeute and ehronic, and some go so far as to regard all cases as acute until after twelve months have elapsed. To my mind, it is more rational to base our opinion on pathologieal findings and not on any time limit. If a uterus is markedly displaced posteriorly or prolapsed, accompanied by nervous phenomena, recurring after repositions, it should be regarded as chronie and so treated, irrespective of whether it be two months or twelve months. If it happens to be the former, we can congratulate ourselves on having saved our patient ten months of suffering.

In the primary cases, subjeet to meehanical treatment, the pessary heads the list. There is, however, so much more bad than good to be said about the pessary that I will dismiss it with a few remarks. A pessary should never be used when adhesions or inflammatory conditions are present, nor when there is laceration of the cervix or floor of the pelvis. Plain or medicated tampons of cotton or wool, are of value in primary cases aeeompanied with inflammatory action. I believe, however, that the greatest good comes from the improved hygiene and favorable position of the patient, whieh relieves tension and favors the normal position of the uterus.

SURGICAL TREATMENT.

Remove the cause; correct the defect producing the displacement. Otherwise, any and all methods of operation will prove unsatisfactory. If there is an enlarged uterus, due to an endometritis, curette and swab with carbolic and alcohol or iodine, to reduee the weight. If there is a relaxed perineum, due to laceration or labor, repair it, correeting your retrocele or cystocele, and building up a floor for the uterus. Remove the hemorrhoids, at which time it is important to thoroughly dilate the sphincter ani.

There have been so many operations suggested for the radical relief of retro-displacements that I am forced to review some of them in detail, but as briefly as possible.

Fixation.—The fixation of the uterus to the anterior abdominal wall is never permissible if subsequent pregnaney is likely to occur. If the patient has passed the menopause, or if the ovaries have been removed or the tubes ligated, the stitching of the uterus to the anterior wall will likely prove satisfactory. It is well to scarify the fundus and retract the parietal peritoneum to insure muscular contact and firm adhesion.

Kelly's Suspension.—This is an operation that my associate, Dr. Scott, and myself have done in about forty cases, and the results have, in a general way, been satisfactory. We have had no fatalities, and, so far as we know, have had no annoying recurrences nor complieations during subsequent pregnancies or eonfinements. The conclusions of many investigators, however, show that reeurrences of the displacement, intestinal obstructions, complicated pregnancies and labor, etc., have been sufficiently common to cause us, some time ago, to abandon this operation.

External Alexander.—If there are no pathological lesions present, other than the retro-displacement, the external Alexander operation is the ideal one. It is a safe operation and sure of results, as the attenuated portion of the round ligaments, which are always extrapelvie, are relieved of duty, the weight of the uterus being suspended by the large and strong portion of the ligament that is nearest the uterus. After making an incision about two and one-half inches long through the skin and superficial faseia, it is important to stop all hemorrhage to avoid diseoloration of the deeper structures. Then go through the deep faseia and expose the pillars of the ring. Foreible retraction in the direction of the spine of the pubis with a small two-pronged retraetor will pull the round ligaments into view. After freeing it from attaehments, it is drawn up until the fundus of the uterus is felt to be in its normal anterior position. The round ligament is then firmly anehored, and after each side is so treated, two artery forceps should be passed under the skin and fascia, intervening between the two incisions, and the surplus portion of the ligaments earried, respectively, to the opposite side and sutured.

Dudley and Wiley.—The internal method of Dudley and Wiley of shortening the round ligaments will be mentioned only to be condemned, as it doubles on itself the strong portion of the ligament and leaves the uterine weight on the attenuated portion which is most remote from the uterus.

Utero-Sacral.—The shortening of the utero-sacral ligaments for the correction of retro-displacement does not appeal to me. These ligaments are practically peritoneum, with only small ability to contract or stand tension without stretching. The results so far are not convincing.

Gilliam and Mayo.—Following out the ideas advanced by Alexander's operation, Gilliam originated a unique plan of shortening the round ligaments by the internal method or with the abdomen open. Chas. H. Mayo has made some benefieial and important modifications of the Gilliam operation. When there are adhesions or other pathological lesions demonstrated or strongly suspected in the pelvis, then the Gilliam, or Mayo, method of shortening the round ligaments is ideal. It brings the uterus into its normal anterior position; it gives it support from the strongest portions of the round ligaments; it holds it in position, but does not fix it; makes ample provision for uterine enlargement in subsequent pregnancies; there is very little trouble attending it; it requires very few minutes, and under proper surgical surroundings, is praetically a benign operation.

The abdomen is opened through a median incision above the symphasis large enough to admit of pelvie exploration, attention to adhesions, or other pathologieal findings. An artery foreep is plunged through the aponeurosis and muscle on either side and the round ligament grasped usually at about its middle and brought through the muscle and aponeurosis. The uterus is pulled up to its normal position and the ligaments sutured. The peritoneum and muscles are then closed in the usual way and the folded ends of the ligaments sutured together.

The Mayo operation differs from this in that Mayo goes between the aponeurosis and muscle, through the ring, and brings the round ligament up and anchors as above described.

Watkins.—In those women who have passed the menopause, and who have no gross pathological lesion other than the retro-displacement and prolapse, the Watkins'

operation is safe and effective. It can be easily and speedily done, and the dangers attending it are, with proper precautions, very slight. The operation is done per vagina—an incision is made anterior to the cervix, the bladder freed, and the fundus grasped and practically delivered into the vagina. This allows the bladder to drop posterior to the fundus. The anterior surface of the uterus is then stitched to the anterior vaginal wall and wound closed. This does not interfere to any extent with the bladder action. As it fills with urine, it rises in the abdomen. It is a very valuable and ingenious operation, leaving the cervix pointing in the direction of Douglass' pouch, and making a safe and effective pessary.

A CASE OF SEVERE VERTIGO AND ATAXIA COMPLICATING CHRONIC SUPPURATIVE OTITIS MEDIA—OPERATION—RECOVERY.*

BY

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A patient presenting the symptoms of marked vertigo and ataxia with a long-standing middle ear suppuration offers a most interesting study both as to differential diagnosis of the various conditions that may be responsible or the symptom-complex and as to the probability of affording relief. With the belief that it may interest you, I herewith present the history and course of such a case which has recently been under my care.

History.—On November 15, 1906, F. B. was referred to me from Austin, Texas, for examination and advice. He was 42 years of age; specific history—primary lesion fifteen years ago, tertiary lesion of hard palate several years later; took treatment for two or three years and has had no apparent recurrence since that time. His left ear began to discharge in early childhood, following some illness the nature of which he does not know. This discharge has varied in amount, but has never ceased entirely despite long and faithful treatment. Of late years it has been of an extremely foul odor. He has noticed for several years a sense of heaviness in the head and for a long time has never been free from a slight dizziness, although this has not been severe enough to worry him greatly.

About September 1, 1906, an acute exacerbation occurred. Patient had a "cold in his head." The discharge from the ear became very scant, and excruciating pain developed in the left ear and over the mastoid region. A myringotomy was done by the attending otologist and under treatment the attack finally cleared up. Although the discharge remained scantier than before the attack, it was still very foul. As he recovered from his illness he noticed that the least motion was accompanied by extreme vertigo. If he leaned forward while seated, he would plunge headlong; in walking he staggered and locomotion in the dark, or with closed eyes, was impossible. His general health was poor and this, with the attendant incapacity to attend to business, prayed heavily on his mind and he was very despondent. He had been examined by a most competent practitioner of his city who expressed the fear that he was suffering from locomotor ataxia.

Present Condition.—Right ear the seat of chronic catarrhal otitis media of mild grade; left ear, lower part of membrane gone; internal wall covered with "beefy" granulations; foul pus coming from the attic where rough bone can be felt; malleus apparently intact; no hearing through air for watch, acoumeter or tuning forks; bone conductions reduced to about one-half normal; no pain or tenderness over mastoid; probing in the ear causes severe vertigo. An examination of the pus from the ear showed a mixed infection, extracellular diplococci predominating. A differential blood count showed 6800 white cells per c.mm. in the following proportions:

	Per cent.
Poly-nuclears	52.4
Large mono-nuclears	18.5
Small mono-nuclears	21.6
Transitionals	3.0
Eosinophiles	3.0

There was no apparent sensory disturbance. The reflexes were normal, or at least not reduced. His gait was staggering and he swayed while standing with eyes closed, but the tendency to fall was not noticably in any one direction. Dr. Hulen, to whom he was referred for an examination for his eyes, reported the reflexes and fundus of the left eye normal. An examination of the right eye was impossible on account of an old injury to that eye.

The history of the development of the condition and the result of this thorough examination seemed to me to exclude tabes from the possibilities. Cerebellar abscess and some disturbance of the labyrinth, either from necrosis, or from some disturbance of the circulation of the endolymph, remained as possible causes of the unpleasant symptoms. The blood count, condition of the eye-grounds, and lack of nystagmus and headache argued against involvement of the cerebellum. I gave it as my opinion that the trouble was due either to necrosis of the labyrinth, with the formation of a sequestrum, or to the pressure of granulation on the round and oval windows. I was strengthened in this opinion by the fact that the pressure of a probe in the middle ear aggravated the vertigo and caused some nausea. I advised operation and the patient at once agreed.

Operation.—On November 17th, two days later, the usual radical mastoid operation was done. The antrum was full of granular detritus. The bone was sclerotic and the cells about the antrum obliterated. In the attic there was extensive necrosis and cheese deposits. The tympanum was filled with tough granulations which required vigorous curettage to remove. The external wall of the attic, the facial ridge and the external wall of the hypotympanic space were removed and the whole cavity made smooth. No evidence of necrosis of the labyrinth was apparent. A Ballance flap was cut and stitched in position with catgut, the wound cleansed and packed, the postauricular wound closed with silkworm gut and a dressing applied.

The postauricular wound healed by first intention and the cavity looked healthy, but the vertigo was very little better. In about ten days some unhealthy granulations were apparent in the lower part of the tympanum. Any attempt to curette these or to introduce tight packing or to probe caused such vertigo and nausea

*Read before the Section on Opthalmology, etc., State Medical Association of Texas, Mineral Wells, May 7, 1907.

that I deemed it advisable to reopen the wound for further examination. I was of the opinion that there must be some further trouble, and so told the patient. Accordingly, on November 29th, the patient was again anesthetized and the wound reopened with a view to exenteration of the labyrinth. The granulations which had sprung up were removed and, with good illumination, the whole cavity carefully gone over. No evidence of further necrosis was found, and it was decided to close the wound and await developments.

The postauricular wound again healed by primary union. It was impossible to pack the middle ear tightly in dressing and I adopted a plan of treatment which has proven very satisfactory in several such cases; that is, using alcohol instillations to keep down granulation instead of depending on packing. I find that by so doing the wound remains free from excessive granulations until the epidermis covers the surface. Healing is rapid and the patient is spared the unpleasant necessity of having tight packing inserted. The wound in this case healed nicely, but there was only partial amelioration of the vertigo. On inspection clear fluid could be seen escaping, drop by drop, from an opening in the internal wall of the middle ear corresponding to the location of the round window. In sponging this area with a cotton-wound probe extreme vertigo was caused. I still feared that it would be necessary to obliterate the labyrinth, but, on account of the cleanness of the wound and the freedom of the escaping fluid from any evidence of pus, I decided to wait and see whether the epidermis would not grow over the opening and close it and cause the unpleasant symptoms to cease. Accordingly, I allowed the patient to return to his home on December 23d, with his promise to keep under the care of a competent otologist and to return to me in a month. I heard from him from time to time but did not see him again for more than three months. On April 7th he came in and gave me an account of the course of the case since I had seen him.

He went to the otologist a few times and then discontinued treatment except daily cleansing by himself. At that time the cavity had healed, he was told, except for a small area. In the course of six weeks the vertigo had disappeared and he felt well, but a slight discharge of foul odor persisted.

Upon examination I found the wound entirely healed and in beautiful condition except for a small patch of granulations near the opening of the eustachian tube. From these a slight amount of discharge was kept up. I cauterized these granulations and ordered, in addition to daily cleansing, drops of alcohol, formalin and boric acid. He seemed in perfect health, had gained fifteen pounds in weight, was absolutely free from vertigo, and said that his head felt perfectly clear for the first time in years.

On April 21st, two weeks later, I again saw the patient. The spot above mentioned had then healed over and the whole cavity was dry and covered with epidermis. I have seen him several times since and think I am safe in telling him that he need fear no further trouble from this ear.

The points I should like to emphasize in this case are:

1. The severity of the symptoms which incapacitated the patient for any kind of business.
2. The care necessary to exclude various causes of vertigo and ataxia.
3. The persistence of the vertigo after the removal of all diseased tissue.
4. The final perfect recovery of the patient.

CAN WE ALWAYS KNOW WHEN TO OPERATE FOR MASTOIDITIS?*

BY

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Can we always know when to operate for mastoiditis? I answer, no. If one thinks of classical cases, then my answer would be wrong, if the cases were always in the hands of classical observers. The perversity of nature is the great stimulus which keeps up the interest in our profession. I am sure we would find as much pleasure in other work, if we knew without effort all the things which are so cleverly screened from our view. Hence we draw conclusions, based upon our fundamental knowledge of the anatomical arrangement of the parts involved, of cause and effect with associated conditions, objective and subjective symptoms, analyses of secretions and excretions, with condition of blood, etc., yet with all we can not positively conclude the extent of a pathological lesion; therefore, we are interested.

Anatomically considered the mastoid process is as variable in formation as any of the uncertainties of life, and a study of the cases which come under your observation will force you to agree with larger observers who have ceased to hew to exact lines in their descriptions, rather utilizing space in lengthy discussions of asymmetry, anomalous development, unusual position of the antrum, unusual position of the sinus, extensive pneumatic cells, sometimes principally diploetic in its contents but oftener comprising a continuation of the pneumatic cells, etc. The mastoid bone shows difference in contour and structure, both as to its external and internal formation, hence we can not fail to agree that the possibilities are pregnant with disaster when the nearness to the cranial cavity is considered, should this structure undergo a pathological change.

I believe the correct view is now prevalent that the antrum is only a part of tympanic cavity. When we consider that the lining membrane of the middle ear projects into the antrum as a pouch in the fetus, and in both the child and adult it is said to be continued into the mastoid cells as a highly vascular, nonciliated pavement epithelium, serving in both the pneumatic and diploetic spaces the double purpose of lining membrane and periosteum, we must view the two cavities above mentioned as practically one. From a sudden or prolonged congestion one cavity may be successfully closed from the other at the narrow aditus, yet this can as often be productive of serious development in mastoid from a lack of drainage backward, as it offers protection in preventing infection from proceeding into the antrum.

Aside from the anatomical difficulties in knowing just what one has in a given case, here are the ques-

*Chairman's address before the Section on Ophthalmology, Otology and Rhinology, Medical Association of the Southwest, Hot Springs, Ark., October 10, 1907.

tions of individual resistance, etiological factors, indefinite histories, such as an absence of middle ear pain or discharge which upon examination practically yields no evidence of there ever having been more than slight hyperemic state of tympanic membrane; the further knowledge of numerous severe cases of broken down mastoid cells without a history, which were finally operated upon, etc. It is a fact that even meningitis and abscesses of the brain have been numerously reported which showed no previous history of disease, yet which demonstrated at operation that the mastoid had been involved and was the original focus of trouble. With such cases before you, you can not diagnose these conditions easily and therefore can not always know when to operate for mastoiditis.

In cases where one has had an opportunity to drain an inflamed middle ear, thereby draining the antrum, equally inflamed, and where the membrane has not blocked one cavity from the other, the condition rapidly improves, discharge lessens, pain subsides, and, as a rule, through this early interference one can avoid an operation. On the other hand, if the discharge does not cease or if it should stop through such a closure by increasing tenderness one will know what is occurring and can proceed.

There are case like these:

Case 1.—Mrs. G., aged 34, previously operated upon for deformed nose, result of syphilis. Present history: For one week has had excruciating pain over left mastoid; treated by family physician. When examined found marked tenderness over mastoid antrum, tip and muscular attachment, some edema, redness, sagging of posterior wall; membrane of middle ear much inflamed. Paracentesis done, with gas for anesthetic. Slight evidence of drainage, principally from incision of tympanic membrane. For next three days pain continued and temperature remained two to three degrees above normal. Mastoid operation delayed on account of anti-syphilitic medicine being used and patient insisting upon delay, both protiodide of mercury and soluble iodine pushed. Fourth day better, fifth day and so on rapidly improved, and finally within two weeks all evidence of trouble disappeared. I wanted to operate when paracentesis failed to relieve. Did not believe she would be safe in waiting to use anti-syphilities. Results disproved my suggestions and view relative to that particular case.

Case 2.—This is one of many seen where inflammation is of pneumococcic origin. Patient aged 57, farmer. Came to hospital month of June. History of some pain and discharge from ear, which had stopped ten days to two weeks before. Slight tenderness remained upon pressure over antrum, marked pain when pressure was over occipital region, with only slight pain over mastoid. Temperature 99½ to 100 degrees, pulse good, hearing excellent, no dizziness, tympanic membrane practically normal. Tension of muscles attached at base of occipital bone and pain upon pressure were the only symptoms, except indefinite history. Cerebration good, optic discs clear. A blood count was made upon first examination; leucocytes were only 7500. After one week's observation, blood counts being made every other day, blood count ran up to 12,500. Operation performed. Found extensive involvement of pneumatic cells which principally made up the mastoid process, the cells of zygomatic process were broken down, and a smear showed only pneumococci. The pain which was produced only with pressure over occiput was found to be the result of an unusual overlapping of the temporal bone over the occipital. Blood count was the only method of reaching conclusion.

Case 3.—At the same time the preceding case was under observation an old man 67 years old was brought into the hospital with a similar indefinite history of discharge, but also a history of dizziness, loss of memory, slight temperature, no discharge from ear, but some dried accumulation within the external ear suggestive of previous discharge. Optic discs were clear; there was very slight pain upon pressure, but more above pinna or over zygomatic cells, lower mastoid free from tenderness, with slight tenderness over antrum. Cerebration of patient much disturbed. All of mastoid cells removed. Pus only found in zygomatic cells, all of the lower cells free, but of a large pneumatic type. Antrum had some granulation tissue, but pus was in cells well forward, which showed pure culture of pneumococci. Patient's cerebration rapidly improved to normal and he made uneventful recovery.

Case 4.—On September 7, 1907, woman aged 32; history of many attacks of pain for past ten years over mastoid of left side, no history of discharge or disturbed hearing. Pain finally recurred once or twice each month, which was doubtless the result of disturbed reflexes. Present history: Was seen by specialist in adjoining city, who referred her to me after puncturing tympanic membrane. Her condition had not improved, but hearing showed no marked loss. Examination showed posterior superior wall red and slightly edematous, tympanic membrane congested, with opening in posterior, inferior quadrant, mastoid tip with muscular attachment exquisitely sensitive to pressure, pain upon pressure over antrum, temperature, 101 degrees; pulse, 84; no discharge from middle ear, blood count showed 9500 leucocytes. Kept under observation and treatment; three days later blood count showed 15,000 leucocytes. Operation advised, patient sent to hospital; next day felt much better; examination showed posterior superior wall less swollen, looked clearer, decided to wait; kept her under treatment ten days; then she returned home. Meanwhile blood count improved, pain remained upon pressure, especially over tip; temperature at intervals slightly above normal, hearing below the standard, at times a feeling of fullness, but seems to be improving and well in every other way. On December 20, about three months later the case was progressing nicely. Hearing normal. On January 8, she came in with history of having suffered much pain the past three or four days, a slight colorless discharge having commenced a day or two following the pain. This discharge promptly excoriated the surrounding skin surface, causing more or less swelling and much tenderness. Appearance of drum membrane showed small opening in anterior superior quadrant, no sagging of walls, slight redness, some serous discharge in external canal, hearing much reduced. January 10th operation performed. Antrum contained some granulation tissue, all of superficial cells inflamed, no pus. Microscopical examination of debris showed small streptococci. January 11th, patient doing well and will make uneventful recovery.

I could continue the recital of cases of more or less interest where it is not possible to make an absolute diagnosis, hence I repeat it is not always perfectly clear to us when to operate.

RETRO-DISPLACEMENT OF THE UTERUS.*

BY

ADOLPH HERFF, M. D.,

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In preparing this paper on retro-displacement of the uterus, I fully recognize the fact that I am attempting to go over grounds that have been gone over time and again by most eminent gynecologists of this and other countries. The correction of this condition has led men to devise operations of their own, receiving, as a rule, the name of those that have devised them. Others have made modifications of the original operations in a vain attempt to improve upon what was then existing. We have at the present time operations that are good in their results, but there are a number that have a great many objectionable features.

It is not my purpose to give you a resume of the technique of the entire field, but I will mention a few operations that are more frequently performed by gynecologists of the present day, giving you at the same time the experience that I have had with three methods.

As a rule, retroversion of the uterus is almost invariably caused by a lax condition of the round ligaments and it is for this reason that almost all operations are devised with a view of shortening them, to bring back in place an organ that has been retroverted in consequence of this relaxation. Many observers claim that a retroverted uterus gives rise to

*Read before the Fifth District Medical Society, San Antonio, March 12, 1908.

but little disturbance. I hold this to be absolutely incorrect. I may venture to compare a retroverted uterus to a prostatic bladder. The residual urine in a prostatic bladder has a tendency to become infectious, producing in the course of time its deleterious alterations and structural changes of that organ and secondarily that of the ureter and kidneys.

A retroverted uterus drains itself contrary to the natural course of gravitation. At each menstrual period the blood and detritus, instead of having its free egress, finds its vent contrary to gravitation. It becomes stagnant, more or less infectious and produces changes in this organ as well as in its adnexa, the same as residual urine will in a bladder with an enlarged prostate.

Naturally this mal-position of the uterus will bring about prolapsus of the ovaries. You will invariably notice that young girls that are afflicted from birth with retro-displacement make absolutely no complaint and know nothing of the existence of this trouble until they reach the age of puberty. The first few menstrual periods will pass off without any apparent distress, but as this natural process goes on, they will soon begin to complain of pelvic pains, so that mothers will seek the advice of a physician. The pains grow from bad to worse, in spite of the treatment that is directed. Finally it comes to an examination, when the retro-displacement is discovered, accompanied as a rule with more or less inflammation of the adnexa. Mothers usually attribute the trouble to some fall the child has had, when in reality it has been congenital and the existence of the displacement makes itself known when the pelvic inflammation sets in after several months of imperfect drainage of the uterine cavity. Such girls suffer severely from pelvic inflammation, which usually subsides after the correction of the mal-position. For these reasons, I advocate an early operation in any case that presents itself for treatment.

I have noticed that retroversion occurs more frequently in women that have had children. It is often a consequence of subinvolution and largely due to the inordinate stretching of the round ligaments during pregnancy, so that they are unable to resume their normal functions. I doubt very much if it is possible at all to displace a uterus by a fall or a sudden jarring of the pelvic floor by making a misstep, as is often claimed when suits for damages are in progress. I may be mistaken in making this assertion, and would like to hear others express their opinion upon this point, as I take it to be an important one in medico-legal questions.

As regards pessaries for the correction of a retro-displacement, I hold that the use of them should be discarded altogether as a remedial agent. It stands to reason that pessaries, exerting continually an undue pressure upon the soft parts, cause an inflammation and consequent inflammatory adhesions. Several cases have come under my personal observation when the constant pressure of pessaries caused extensive vaginal sloughs and consequent cicatricial contraction after healing of that organ. This is certainly an objectionable feature, and I can well understand how this can cause difficult labor in the future.

I have had a large number of cases of retroversion of the uterus under my observation and have noted carefully all the different symptoms this condition produces. As a rule, women or girls who suffer from this affection, complain of nervous headaches, palpitation of the heart, pelvic pains, backache, irritability of the bladder, constipation, vertigo, reflex troubles of the stomach and at times a tendency to melancholia. Retroversion is also one of the causes of sterility, not invariably so, but conception is not so liable to take place when such conditions exist.

In my private practice I have employed three surgical methods to correct retroversion. The first was ventro-fixation. It, however, had its objections, often sutures, such as silver wire, silk worm gut and silk, that were carried through the body of the uterus and left permanently in place, would in spite of every aseptic precaution, become infected, necessitating their removal on account of fistulous tracts that their presence would cause. In my later operations I would pass the fixation suture through the abdominal walls and remove them after leaving them twenty days in position. This was an improvement upon the old method, but unfortunately the retroversion of the uterus would return after the lapse of several months, owing to the fact that the adhesions artificially produced, would stretch, become elongated and consequently allow the womb to return to its faulty position.

Then again a ventral fixation, with buried sutures in place would cause such a degree of immobility that it would interfere with the normal destension of the urinary bladder, producing severe irritability of that organ and a tendency to frequent micturition and vesical distress. There are a number of cases on record, where the firm fixation has caused a difficulty during parturition. I have abandoned this method almost altogether in the last few years. I make use of it only where the round ligaments are more or less destroyed from long continued inflammation or where I remove the adnexa on account of existing disease, so that I have a safeguard against the future occurrence of pregnancy. However, I have a number of cases that I have operated upon by this method, which have subsequently given birth to children without the slightest difficulty.

A few cases of intra-abdominal hernias have been reported as a consequence of this operation, but the numbers have been so few in comparison to the number of operations performed, that I do not hold this to be a serious objection. It is always an important factor that a patient is placed in an exaggerated Trendelenburg posture before the fixation sutures are placed permanently in position. If this is not done, a loop of intestines is liable to slip between the fixation sutures and the body of the womb itself, so as to produce a mechanical obstruction of the bowel.

Alexander's operation I have performed several times, but have always experienced more or less difficulty in finding the round ligaments. Especially is this the case in women who have never had children. This operation is absolutely impracticable where a retroverted wound is bound down by adhesions. Also it possesses a disadvantage over all others, from the fact that you are unable to explore the adnexa. At present a laparatomy performed under perfect asepsis is not more dangerous than any other surgical operation; consequently I fail to see the advantage of shortening the round ligaments by the Alexander method. A little more practice would enable one to become an expert in finding the ligaments, but I have discarded Alexander's operation altogether, because I have failed to recognize its merits.

The operation that I perform almost exclusively at the present day is one that has been described by Dr. Kellogg, of Battle Creek, several years ago. He brings the round ligaments through the peritoneum, rectus abdominis muscle and its fascia and unites them with catgut. The operation is performed thus: After the abdominal cavity is opened a ligature carrier is passed under the round ligament armed with strong silk. The point of entrance of the ligature carrier is about one and a quarter inches from the body of the uterus. The fascia, rectus abdominis muscle and peritoneum is then pierced by the ligature carrier, the orifice of the puncture is stretched sufficiently to admit the round ligaments on both sides. The silk ligature is then grasped by the carrier, drawn through the orifice and with it the round ligament. The same is done on the opposite side. The peritoneum is then closed with catgut, while an assistant holds both round ligaments in place by the silk ligature. The cut edges of the fascia are then united by a buried catgut suture. The loops of the round ligaments are tied together over muscle and fascia by a number 3 chromicized catgut and the silk removed. I usually strengthen this ligature by placing on either side a suture of numer 1 chromocized catgut. I have performed this operation in over fifty cases, with the most gratifying results. The uterus while replaced anteriorily, remains movable from side to side and there is absolutely no fixation by inflammatory adhesions, as we find in ventral fixation. I have never known it to cause vesical disturbance such as frequent micturition, or a drawing or pulling sensation on the anterior abdominal walls. It appears as if the ligaments so fixed, eventually form a new canal of Nuck. I have employed this operation recently, to aid in the correction of complete prolapsus of the womb, to assist the anterior and posterior colporrhaphy in holding the uterus in place. This has proven to be most eminently successful in accomplishing the purpose. No cases operated upon in this manner have ever had a return of the procidentia and I consider it a most valuable aid to the permanent relief of this troublesome affliction. As I said before, I received a pamphlet from Kellogg about three years ago, in which he describes this operation very minutely, but do not know if he is the originator of it or not.

I am contemplating a new method of uterine suspension, for the relief of retroversion. My plan is to unite the round ligaments and a portion of the broad ligaments, posterior to the body of the uterus and then suture the resulting fold, to the body of the uterus, so as to prevent the possibility of a hernia. The result is that the uterus rests in an artificial *cul-de-sac*. I shall attempt this operation upon the first favorable case and shall carefully note results. If successful, I am

satisfied it will not he productive of harmful results in case pregnancy should take place.

In conclusion it was my intention to make mention only of the operations with which I have had experience. I know there are quite a number in existence that I have not touched upon at all. If others have had experience with different methods, the merits and demerits of them may form a basis for discussion.

ACUTE MASTOIDITIS, NON-OPERATIVE, OPERATIVE AND POST-OPERATIVE TREATMENT.*

BY

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The following article is based upon clinical observation in 325 cases at the Manhattan Eye, Ear and Throat Hospital, of which 187 had the simple mastoid operation, 29 being operated upon by the writer, 3 of these were in private practice this year. My record of these 29 cases show that none were discharged from the clinic under four weeks, and a few requiring treatment for seven weeks.

History.—A history of these cases showed that nearly all followed some of the acute infectious diseases, scarlet fever, measles, diphtheria, and la grippe. Quite a few that occurred during the bathing season were attributed to infection from this source. While taking histories I was impressed with the importance of looking after the nose, throat and ears of children in acute infectious diseases, and especially measles. This is of importance to the general practitioner for in many instances after the first case of measles in a family the physician is not called unless the case becomes complicated, which in the majority of cases is acute purulent otitis media and often a well developed mastoiditis.

Symptoms.—As the source of infection is through the Eustachean tube, tympanic cavity and aditus-ad-antrum to the mastoid, the first symptom is earache, which within twenty-four to thirty-six hours, if left alone, will perforate and the patient obtain some relief, after a duration of from ten days to six weeks terminating in recovery with the exception of adhesion and symptoms of chronic catarrhal otitis media, or pass on to a case of chronic suppurative otitis media. Otherwise there will be more pronounced symptoms of acute mastoiditis, such as tenderness over the mastoid on pressure, which is more marked over the antrum; yet I have seen cases with tenderness more pronounced over the tip, and in several cases the tenderness was confined to the tip alone. This symptom should be obtained by comparison of the two mastoids. The temperature usually ranges from 99 degrees F. to 102 degrees F. except in young children or intracranial complications. A profuse discharge is an important symptom, as there will be no great amount of discharge where the tympanic cavity alone is involved. Sagging of the posterior superior wall of the canal is one of the most important symptoms of acute mastoiditis, and if associated with one other important symptom you are justified in advising immediate operation. I recall a case where there was complete destruction of the mastoid cells and perisinous abscess and the only symptoms were a profuse discharge from the middle ear and a slight sagging of the posterior superior wall of the canal. Edema is more often a symptom of otitis externa, circumscribed or diffuse, than it is of acute mastoiditis.

If intracranial structures are involved, symptoms manifested depend upon the particular region attacked. Septic thrombosis, rigors, sudden elevation of temperature, in a few hours falling to normal or below and followed by profuse sweats. These elevations may occur at any time and several times during the day. It is very important to take the temperature every two hours in acute mastoiditis. Tenderness and feeling the internal jugular vein as a cord by palpation is of very little consequence in acute mastoiditis, where these vessels are involved, as you get the first in acute mastoiditis alone from the attachment of the sterno-mastoid muscle, and the latter is extremely difficult if accompanied with edema and tenderness.

In meningitis there are headaches, high temperature which remains constant, nausea, vomiting and retraction of the head. When localized constituting extradural abscess the temperature is rarely above 100 degrees F. and no definite diagnosis can be made until operation. Examination of the fundus is important as papilitis is often one of the first symptoms of intracranial involvement, and often enables one to make a differential diagnosis. Cerebral and cerebellar abscess have the symptoms of intracranial pressure with the special symptoms produced by the location of the abscess.

Nonoperative Treatment.—This treatment should be vigorously carried on, while the infection is limited to the tympanic cavity. A free incision in the drum membrane beginning in the lower part of the posterior quadrant extending up into Shrapnell's membrane and posterior superior canal wall. I do not like the term "paracentesis," as it means a simple puncture which will not produce sufficient drainage. If the drum membrane has perforated it is good practice, and one I follow, to make the above incision in the drum membrane carrying it well up into the posterior superior wall, for in the majority of the perforations the opening is too small to get free drainage, and in the wrong position to drain the attic. The patient should be put to bed and a mild purgative administered, preferably calomel followed by a saline. The ear should be irrigated every two hours with a warm boric acid solution, or bichloride of mercury 1-5000, using a quart of the solution at each treatment; a fountain syringe is to be preferred and should be held about one foot and a half above the head. In the first thirty-six to forty-eight hours of the attack a Leiter's ice coil is recommended as a constant application to the affected mastoid; if not accessible an ice bag may be substituted. While this is frequently used I never saw any particular benefit derived from it; on the other hand it will mask the symptoms and do harm.

Bier's hyperemic treatment is conducted as follows: An elastic band one and a half inches wide is made with hooks and eyes, that it may be tightened to suit the case, is placed around the neck tight enough to produce congestion without interfering with the patient's breathing. This band is left on twenty-two hours out of twenty-four, the patient to be kept in bed during the treatment. This treatment should be used very carefully in cases with heart lesions or atheromatous arteries. I saw six cases treated by this method and irrigation carried on at the same time every two to four hours; five of these cases recovered without operation. As to whether these patients would have recovered by the hot irrigations alone it is difficult to say; personally I believe they would. One patient had a subperiosteal abscess and after a Wild's incision evacuating the pus the Bier treatment was followed and the patient recovered without further operation. A full report of these cases may be found in an article by Dr. Kopetzky in the *New York Medical Journal* of July 14, 1906. The hot irrigations should be kept up until there is complete cessation of discharge and in no case opium in any form should be given.

Just how long a case should be treated before operating depends largely upon the circumstances and surroundings. As soon as you recognize that you have an infected mastoid you should advise an early operation. While the case may terminate favorably should complications arise and the case become hopeless you have not done your duty unless you have advised operation and placed the responsibility on the patient or interested parties. If you operate early your patient should make a rapid recovery with the hearing better than had it been treated over a long period without operation. I have seen this result in more than one case and saw this condition demonstrated in the two ears of the same patient treated the first of this year. The family physician called me to see a case he had properly diagnosed as acute mastoiditis of the left ear. I advised immediate operation and the following day the patient consented, and assisted by the family physician, Dr. Hall, I did a complete mastoidectomy. On the following morning we were called to see the patient on account of severe pain in the right ear, and we made a free incision in the drum membrane carrying it up into the posterior superior canal wall and hot irrigations of bichloride 1-5000 ordered every two hours. The trouble in this ear subsided under the treatment and after complete recovery from the operation he heard a watch three inches further in the operated ear.

About the same time I saw another case with Dr. C. E. Heartsill, and the only symptoms of mastoid involvement were a slight discharge, bulging in Shrapnell's membrane and some pain in his head but not localized. I believed the patient had acute mastoiditis and the absence of tenderness was due to a thick sclerotic cortex. He was fifty-nine years of age and on account of his physical condition and previous

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habits a successful operation was doubtful. A free incision was made in the drum membrane and hot irrigations ordered. Patient died from meningitis four days later. The indication and time of operating depends upon the operator's convictions and judgment.

Indications for Operating.—1. Postauricular swelling, accompanied by fever and tenderness on pressure not due to inflammation of the meatus wall.

2. Persistent mastoid tenderness.

3. Bulging membrane with sagging of the posterior superior canal wall.

4. The continuation of a profuse discharge, pain in the mastoid and fever after several days' treatment.

5. The occurrance of chills or symptoms pointing to intracranial complications.

Deciding the operation is necessary, nothing short of a complete mastoidectomy, eradicating the mastoid cells, in the present light of advancement is considered good surgery. For this reason I will go through the technique of the operation as it is done today laying particular stress upon points that more frequently give trouble in the after treatment, and are responsible for nearly all the secondary operations.

Operation.—Regardless of the fact that an infected cavity is being entered, it should be done under aseptic conditions. The area around the mastoid process should be shaved, scrubbed with soap, washed with sterile water and alcohol and covered with a wet bichloride dressing of I-5000. The ear itself should be syringed with a biehloride solution of the above strength. This should be done twelve hours before the operation if possible and repeated at the time of the operation.

A semi-circular incision is made from the tip of the mastoid process to a point above the meatus. The first incision, the knife should be carried to the bone except at the upper part where you want to avoid cutting the fibres of the temporal muscle. In case there is a subperiosteal abscess and in children you should always use the belly of the knife, for if held in a vertical position, the point would drop in a small perforation in the cortex and endanger the sinus to injury which is often misplaced. I saw this accident happen in one case. The periosteum is retracted and with curved scissors, the attachment of the sterno-mastoid muscle is cut close to the bone and the tip freed. It may be necessary to make a posterior horizontal incision, and if made, should be on a level with the meatus. All bleeding points should be controlled by hemastats and the oozing will usually be controlled by the Allport retractors. It is largely a question of choice as to whether a gouge or chisel is used or whether the antrum is first found, or the cortex over the entire mastoid process removed. In seeking the antrum first there is the advantage of an important landmark, and the disadvantage that if the sinus is superficial and well forward it may be injured. The landmark to reach the antrum is in the supra-meatal triangle just behind the spine of Henle, and at a depth of about five-eighths of an inch in a well developed mastoid. (This was the average depth found by Dr. Kerrison from dissecting a large number of temporal bones.) If the antrum be first entered, the probe should be used with care as there may be necrosis of the inner plate and serious damage done. In no instance should a bent probe be passed through the aditus into the middle ear. The danger of displacing the incus and disturbing the relation of the ossicular chain is too great to justify such proeedure.

After the cortex is removed, or partially removed, the operation should be completed with rongeurs and ear spoons or curettes, and all cells should be thoroughly eradicated. Special attention should be given to cells in the zygomatic region and those in the groove between the knee of the sinus and the middle fossa, for at these points we are apt to overlook small cells that give us a great deal of trouble afterwards. This is especially true of zygomatic cells, and nearly all the secondary mastoids are due to a failure in destroying these cells. I do not recall a single secondary mastoid that this was not the case. The tip should be thoroughly removed with a rongeur following the digastric groove from behind. All overhangs and projections should be removed and the cavity made smooth. If you will remove about half of the posterior wall there will be less deformity after healing, as the concha will partially fall back into the cavity filling in the space where fibrous tissue would exist and retract producing the unsightly appearance we often see when all of the posterior wall is left. If there has been no incision made in the drum membrane it should be done at the time of the operation. After satisfying our mind that the cavity is smooth and no cells remain, the wound is irrigated with antiseptic solutions, generally using peroxide of hydrogen followed by a hot normal salt solution. The wound is temporarily packed and the horizontal wound is closed unless sinus and dura under this area is exposed. We should avoid placing a suture at the margin of the original semicircular incision as it will have a tendency to turn in the posterior lip which should be avoided until the cavity is filled with granulations. Ordinarily the semicircular incision is not too large for proper inspection and after treatment, but if it is one or two sutures may be placed above and below. The temporary packing is now removed and the cavity sponged dry and packed with sterilized iodoform gauze. Whiting uses guttapercha tissue between the wound and the packing, the only advantage being no pain when the packing is removed. On the other hand iodoform has the advantage of germicidal properties and stimulates granulations.

Should you use the blood-clot dressing, advocated by Blake, the cavity should be made as aseptic and dry as possible and allowed to fill with blood from the surrounding soft tissue and closed with a subcutaneous suture. Blake prefers silver wire. The risk is too great to justify this method in cases where the dura or sinus is exposed. I have been fortunate in seeing this method tried in six cases by different operators, and profited by their experience. Of the six cases two were successful; two had erysipelas and healing in the four unsuccessful cases was probably delayed two weeks. I do not consider closing a wound over a septic cavity good surgery, and therefore do not advocate the Blake method.

Post-operative Treatment.—I consider the after treatment the most important part of the mastoid operation, and a great many of our bad results are due to the lack of proper attention after the operation. We should be just as aseptic with instruments and dressings as we were at the time of the operation, regardless of whether we have an infected wound or not. The outside dressing and the strip of gauze in the meatus should be changed daily and if there is any discharge, use an alcoholic solution of bichloride of mercury, boric acid and formalin in the following proportions, to drop in the ear: Hydrarg. bichloride, gr. ½; acid boric, gr. xx; formalin, M. v; spt. vini. rect., oz., ii. The packing in the wound may be left from five to six days, depending upon the amount of secretion and the appearance of the wound. After the first dressing the wound should be dressed daily or every other day depending on whether or not the wound is clean. If it is badly infected wet bichloride dressings should be used daily until the infection is destroyed. Doubtless you have observed that granulations do not form with equal rapidity over the surface of the cavity, and for this reason you should not allow the granulations to become exuberant until the entire surface of the bone is covered with healthy granulations. An excellent method to stimulate granulations over exposed bone is by irritation with a ring curette or probe, or equal parts of balsam peru and castor oil may be mopped over the surface. You should always retard healing until granulations are firm and healthy in the antrum and zygomatic regions. After the first dressing the wound should be packed loose at the bottom and firm at the surface, and this is best accomplished by beginning at the upper part of the wound, packing the gauze after the form of "tuck," pressing the applicator up as you remove it. This has a tendency to evert the lips of the wound instead of turning them in, and will lessen the deformity. It usually requires from four to seven weeks for the cavity to fill in and heal after the simple mastoid operation.

OPSONINS AND VACCINE THERAPY.*

BY

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Within the last few months there has come into medical literature a new word, *Opsonin*. With such enthusiasm was this word and what it represents received, that many thought that here at last was the great secret for which centuries of physicians had looked in vain, a specific for all infectious diseases—and some still think so.

The immediate cause of this great wave of enthusiasm was a visit paid to this country by the originator of the opsonic theory, Sir Almroth Wright, and to those who heard his

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lectures and worked with him in the laboratory, his own faith was wonderful.

But the proper place of opsonins has not been determined, and it will take much time, a great deal of work, and thousands of cases, before its true value can be estimated. However, it is undoubtedly a fact that Wright has discovered a great principle, and it is well, I think, that we all get in on the ground floor, as it were, while the opsonic structure is being built, for there is a possibility—a possibility, I say—that this structure may be very broad at the base and very high, and that in a few years the only rational treatment for an infectious disease will be given with an hypodermic syringe.

At the risk of telling to a great many, things which they know as well as I, I shall go into the subject of opsonins from the bottom.

For some time there have been known to exist in the blood various substances which act upon bacteria; *agglutinines*, which agglutinate, *bacteriolysins* which destroy, and bactericidal substances which kill bacteria without destroying them; to these substances Wright has added another, the *opsonins*, which so change or influence the bacteria that they are readily ingested by the leucocytes. With the exception of a few bacteria, e. g., the influenza bacillus and *B. pyocyaneous*, serum is necessary for phagocytosis. That is, if bacteria, leucocytes and blood serum are brought together in a test tube, phagocytosis readily takes place: if, however, salt solution be substituted for the blood serum, there is little or no phagocytosis. That the action of the serum is upon the bacteria and not upon the leucocytes is easily subject to proof. It is to *this* substance in the serum which is so necessary for phagocytosis that Wright gave the name Opsonin.

Opsonins, which have never been isolated, exist normally in the blood, and to these substances Wright gives the credit for the natural immunity, which is inherent in us all to a varying extent, believing as he does that in acquired immunity certain opsonins are greatly increased. Wright and others have shown that opsonins are specific, that is that there is a distinct opsonin for each bacterium, and that the blood may have a high opsonic power for, say, the tubercle bacillus and at the same time a low opsonic power for the streptococcus. Like ferments, opsonins are destroyed by heating, and there is perhaps a difference in this respect between the normal and immune opsonins, or those opsonins that have arisen because of infection or vaccination.

The amount of opsonins present in the blood of an individual is subject to wide variations, both in health and disease, and Wright claims that anything which is done to increase the opsonic power will, if done at the wrong part of the opsonic wave, have an effect exactly opposite to the desired one, and that a vaccine treatment should rarely be given unless controlled by an estimation of the amount of opsonins present. It is also claimed, and in general terms is probably true, that a very low or a very high amount of opsonins for a certain organism means an infection with that organism.

Injections of bacteria increase the opsonic power for these bacteria to a varying degree. A most interesting piece of work was done by Klien of Baltimore, who by repeated inoculations produced in rabbits a very high opsonic power to the typhoid bacillus.

From these statements it is evident that it is very desirable that we have some means of measuring the amount of opsonins present—of determining the opsonic index. The opsonic index is the amount of opsonins present in a patient's blood serum as compared with the amount present in the blood serum of a normal individual. For instance, if the blood serum of a patient shows a power of bringing about phagocytosis which is twice as great as that of the blood serum of a normal person, his index is said to be 2; if it is only one-half, the index is .5. In estimating the index we must use for comparison with the patient's serum the serum of a normal person; now the amount of opsonins in the normal serum is subject to great variation and here it is that we introduce probably the greatest source of error in determining the index. In Wright's method, which is the usual one, there are needed besides a small amount of blood from the patient and from a healthy person, a suspension in salt solution of the organism, the opsonins for which are to be determined, and some normal leucocytes, washed free of serum. With these materials two experiments are made, one with the normal blood and the other with the blood of the patient. In 2 capillary pipettes there are mixed equal parts of leucocytes and bacteria and to these are added equal parts of serum, to one the patient's, and to the other the normal serum. These tubes are put in a thermostat at blood temperature for a certain time, 15 to 30 minutes, to allow the phagocytosis to take place, and then preparations are made on slides for staining, so as to compare the phagocytosis in the two specimens. To estimate the phagocytosis a certain number of leucocytes, usually fifty, are inspected, and an accurate count made of the number of bacteria which have been taken up. This is done with both specimens and a comparison is then made. If a certain number of leucocytes in the patient's experiment took up 500 bacteria while in the normal blood only 250 were taken up then the patient's opsonic power is twice the normal, or his index is 2.

As to reliability of the opsonic index as so determined, I may say that at the last meeting of the Association of American Physicians in Washington, North reported a series of investigations in which ten laboratories using the same method had simultaneously estimated the indices of ten specimens, and that there was a wide variation in the results, amounting in some cases to as much as 50 per cent. To this Wright and his associates have replied that the Americans have not worked long enough to acquire the technique; however, I may say that in some similar tests made privately for some Americans by Wright's men the results were no better.

It is unnecessary to detail all of the objections to the present methods of determining the opsonic index; suffice it to say that as at present done, the determination of the opsonic index is too unreliable to render it of much value in clinical medicine and, indeed, in vaccine therapy it is probably better for the present to use clinical symptoms as an indication for or against inoculation, than to depend upon the opsonic index.

The treatment of infectious diseases with vaccines long antedated opsonins, and it was in fact, in a search for some method of controlling such treatment that Wright discovered the opsonins of the blood serum, and originated his opsonic theory. Inoculation of vaccines as a preventative of disease was first used by Jenner against smallpox and it is very likely, in the light of recent discoveries, that in vaccination we introduce the etiological factor of smallpox in an attenuated form. In the prevention of typhoid fever and cholera vaccination has now become practical and is successfully employed where large numbers of people are exposed to one of these infections as in armies, prisons, and other public institutions. The first and best known application of bacterial inoculation as a treatment of disease was the use of tuberculin in tuberculosis. This method, prematurely born and much abused in its infancy, having in late years been put on a rational basis, is now a well recognized aid in overcoming tuberculous infections. And now within the last two years every bacterial trouble in which the causative organism can be isolated and cultivated has been treated by inoculations of vaccines prepared according to the general methods of Wright.

According to this plan a culture of the offending germ is obtained from the patient; from the blood, the urine or from a lesion, it matters not, provided only that the organism is the cause of the trouble, and that our culture is pure. Inoculations are made on suitable media and the twenty-four hours' growth is rubbed off in normal salt solution and a suspension made. This suspension is shaken for a half hour on a suitable machine to break up the clumps of bacteria and to render it homogeneous. Then the suspension is standardized, that is an estimation is made of the number of bacteria by a method which I need not describe. The material is then sealed in a glass tube and heated at 65 degrees C. for an hour to kill the bacteria; after this a preservative, usually lysol one-fourth per cent, is added and the vaccine is ready for inoculation. The dosage used varies a great deal, but as a rule is 200 to 600 million organisms given, one to fifteen days.

To judge the results of treatment is very difficult. Fortunately for the human race, but very unfortunately for a clear judgment of the results of any therapy, an overwhelmingly large proportion of sick people recover even if absolutely nothing is done for them, and a very small proportion fail to recover no matter what treatment is employed. It is only in the small number of case between these two extremes, in which the physician holds the balance of life of the body or of one of its members and in which our treatment may work for great good or evil. There is not a man here who has not had an experience analagous to the following. A year ago a patient, who had had for three months a severe furunculosis, applied for opsonic treatment. His index to the staphylococcus aureus was taken and found low; a boil which had just developed was opened and a culture made and he was told

to report in two days for a vaccination, His vaccine was prepared from the organism obtained from the boil, but the patient never returned. About six months later I saw him and to my query as to why he had never reported for treatment, he told me that the boil which was opened for the culture was the last one that he had ever had. Had I given him but one injection, great, I fear, would have been the misplaced credit which opsonins and vaccine therapy would have received.

Of all the numerous conditions which have been treated by vaccines, acne and similar skin infections seem to have given the best results. In these conditions the results, while not magical as some would have us believe, are nevertheless encouraging. The great trouble in acne is not in overcoming the staphylococcus infection but in the prevention of the acne nodules which are probably due to some other organism, perhaps Gilchrist's acne bacillus. Cases of furunculosis have seemed much benefited by vaccination, though here it is extremely difficult to judge as to the merits of treatment. Vaccination is not a specific for furunculosis, as I have seen one patient in whom the boils persisted several months in spite of a vigorous treatment. I have treated three cases of osteomyclitis due to staphylococcus aureus with no apparent benefit. Two cases of malignant endocarditis due to a streptococcus seemed uninfluenced by vaccinations. One case of streptococcus septicemia with pericarditis and later pneumonia, recovered after several injections of vaccine. Of conditions due to the gonococcus, the arthritis alone seemed to be benefited by vaccine therapy. Fifteen cases of gonorrheal arthritis which I saw treated by this method seemed, on the whole, to do better than a previous fifteen treated by other methods. In no case treated by vaccinations was there permanent damage to the joint and the average duration of the infections was less than in those treated by methods other than vaccination. There were, however, no remarkable cures. The treatment of pulmonary tuberculosis by vaccination has long been a rational method and now since the more extensive use of vaccination the tuberculin treatment of localized processes in bones and glands has given results which in the few cases treated seem very encouraging.

To sum up—we must say that it is yet too early to pass judgment on vaccine therapy. It is a fact that opsonins in the serum favor phagocytosis, and that the opsonic power of the serum may be increased to some extent by bacterial injections, but whether it is a benefit to the human organism to possess serum of high opsonic power is, as yet, a problem of the future.

CESAREAN SECTION.*

BY

WILL CANTRELL, M. D.,
GREENVILLE, TEXAS.

Cesarean section is an operation opening the abdominal wall and the uterus and the delivery of the fetus through them. This operation has been modified from its earliest execution, both in results and its method of procedure, the greatest modification by far being that of Porro which probably served a great boon to human life in its palmy days of execution and which also will probably become a matter of history.

The operation of Cesarean section was done first on dead women under the restriction of the Roman law, which provided that no women could be buried with a fetus en utero. It seems also that fear of the Roman and German laws prevented the execution of this operation for a long time on a living subject. It was later done when the life of the mother was despaired of with a hope of saving the child and this was the status of the operation for many years. We have to thank the technique of modern surgery for the revision of the doctrine of Barnes, who formerly placed "Cesarean section as the last refuge of stern necessity," but who later modified this by saying that both mother and child could be saved.

We can not wonder at the prejudice against this operation in the early days of surgery from the fact that our best statistics show that from 50 per cent to 100 per cent died, and it was in this era that the operation of craniotomy gained its prevalence. I am inclined to be Napoleonic in regard to interference in difficult labors, giving the mother the benefit of every doubt. In this connection would like to say that I rather abhor embryotomy and this abhorrence is not due to Roman Catholic faith so much as my dread of injury to the mother in this procedure. There is a great conflict in the writings of early authors with reference to the dates and claims of this operation. Leverett and Amauriceau denied that this operation was known to the ancients, while Dionis and Gardienvetal date it back to 140 B. C. Then we have to consider the Venus case in 1491, etc.

The indications formerly were classed as absolute and relative. Under the absolute indications the conjugate diameter had been variously classed at one and a half to three inches while under the relative indications it was argued that Cesarean section might not be more dangerous to the mother than the mutilation and delivery of the child.

Report of Case.—In the early part of the night of August 3rd I was called to attend Mrs. W—— in confinement. I was unable to go and sent my anesthetist, Dr. E. A. Hopkins. On the morning of the 4th I communicated with the doctor by telephone. The case had not terminated. I was called not long before daylight on August 5th to consult with him. On examination I found a prolapse of the cord long enough for complete delivery, sufficiently dark and congested to warrant the opinion that the child was in all probability dead. We agreed that the woman must be delivered, and the doctor requested me to try my hand. He administered the anesthetic and I soon found that I could not do version. I applied forceps and used all the force that I felt warranted in using without engaging the head. When I had thoroughly satisfied myself, using more force than I would have used on a living child, I asked the doctor to sterilize his hands and become satisfied as to conditions. I turned the forceps over to him perfectly locked, with the handles tied, and took charge of the anesthetic. After he had made all the effort he desired we further consulted. We discussed symphysiotomy, but finally decided on a Cesarean section. We secured instruments and another consultant, Dr. Dan Smith. He at once concurred in recommending Cesarean section. At this time the woman's pulse was 140 or more. It was very bad upon my first arrival. She was very much fatigued, but had a full determination to live through the ordeal, regardless of what it might be. She readily consented to be operated on only regretting that her child was probably dead.

My two associates in this case and myself have done considerable surgical work together and we are of the "Abdominal Faith and Order." In making up our minds in this case, we tried to decide what would be absolutely the best for this woman, and under all the circumstances, notwithstanding that the child was in our opinion probably dead, we could see no way clear unless by Cesarean section. This is the first case I had ever seen that I could not turn or deliver with forceps. I felt sure that this case could not be terminated without either mutilation or Cesarean section. We were prepared to do a Porro in case it was found necessary.

We opened the abdomen in the median line about six inches, making a corresponding incision in the uterus, sufficiently large to introduce the hand and procured a foot and delivered the child. The incision I thought stretched considerably. The placenta gave no trouble. The uterine wound contracted until it was not more than two inches long. We closed the uterine incision with buried linen sutures, which did not include the mucous lining of the uterus and the peritoneal coat. These were covered with a row of catgut sutures, including the peritoneal coat and dipped into the muscularis of the uterus.

The patient got better on the table. The pulse was never so bad thereafter and her difficult breathing, which had been noticed for more than twelve hours, was completely relieved by the delivery. The abdominal wound was closed in the usual way by through and through silk worm gut and layer of catgut sutures. Two stab drains of half inch rubber tube perforated, were placed down by the cervix into the *cul-de-sac* of Douglas.

This case made an uneventful recovery, the drains were removed in about a week and the case was up in three weeks, finally dismissed by the doctor on September 7th. He had seen her the last ten days only occasionally up to this time.

I ligated and divided the tubes in this case, because we regarded delivery at any future time impossible. She is now apparently well, good body weight, and seems to be happy, although she tells me she has not menstruated.

*Read before the North Texas Medical Association, Fort Worth, December 10, 1907.

MISCELLANEOUS.

LIST OF PRIZES OFFERED BY THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

1. A prize of $1000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of $1000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached—such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local boards of health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings of meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcement of intention to compete is required.

2. A prize of $1000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of $1000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

3. A prize of $1000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of $1000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award. This prize is designed to stimulate efforts towards securing a maximum of sun-light, ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

4. A prize of $1000 is offered for the best exhibit of dispensary or kindred institution for the treatment of the tuberculous poor. In addition to the prize of $1000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

5. A prize of $1000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of $1000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

6. The Hodgkins Fund Prize of $1500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

The detailed definition of this prize may be obtained from the Secretary-General of the International Congress or Secretary of the Smithsonian Institution, Chas. D. Walcott.

7. Prizes for Educational Leaflets:

A prize of $100 is offered for the best educational leaflets submitted in each of the seven classes defined below. In addition to the prize of $100 a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

a. For adults generally (not to exceed 1000 words).

b. For teachers (not to exceed 2000 words).

c. For mothers (not to exceed 1000 words).

d. For in-door workers (not to exceed 1000 words).

e. For dairy farmers (not to exceed 1000 words).

f. For school children in grammar school grades (not to exceed 500 words).

In classes a, b, c, d, e, and f, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

g. Pictorial booklet for school children in primary grades and for the nursery.

Class g is designed to produce an artistic picture-book for children, extolling the value of fresh air, sun-light, cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

8. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

9. A gold medal and two silver medals are offered for the best exhibits sent in by any State or Country (the United States excluded), illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

10. A gold medal and two silver medals are offered for each of the following exhibits; each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:

a. For the best contribution to the pathological exhibit.

b. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.

c. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.

d. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.

e. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.

f. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.

g. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.

h. For the best plans for employment for arrested cases of tuberculosis. Brief required.

11. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

Dr. Charles J. Hatfield, Philadelphia, Chairman Committee on Prizes.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

In Texas.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.

In Other States.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life of New York.

Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Manhattan Life, of New York.
Massachusetts Mutual, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	El Paso.	Jasper.	Nolan.
Bandera.	Edwards.	Johnson.	Orange.
Bastrop.	Erath.	Karnes.	Potter.
Blanco.	Fisher.	Kaufman.	Rockwall.
Bosque.	Floyd.	Kendall.	Robertson.
Briscoe.	Franklin.	Kerr.	Runnels.
Burnet.	Gillespie.	Lampasas.	San Augustine.
Caldwell.	Gonzales.	Leon.	Sherman.
Cass.	Grayson.	Lubbock.	Stephens.
Camp.	Guadalupe.	Madison.	Stonewall.
Childress.	Hale.	Martin.	Swisher.
Clay.	Hill.	Medina.	Titus.
Colorado.	Hopkins.	Midland.	Travis.
Collin.	Howard.	Milam.	Upshur.
Comal.	Hamilton.	Montgomery.	Uvalde.
Cooke.	Harrison.	Morris.	Williamson.
Dallam.	Hartley.	Newton.	Wood.—69.
Ector.			

NEWS.

Smallpox in State.—Smallpox in March is reported in fifty-one counties of the State with a total of 569 cases, almost all of mild type.

The Sulphur Springs Sanitarium of Sulphur Springs was chartered April 8. Capital stock, $5300. Incorporators, Drs. W. W. Long, W. D. Skillman and R. L. Hargrove.

Dr. Seafers Appointed Assistant Surgeon of Marine Hospital.—Dr. C. F. Seafers has been appointed assistant surgeon in charge of the marine hospital station to be maintained at Port Arthur.

Applicants to Entertain the State Association in 1909 Already Announced.—The McLennan County Medical Society has voted to invite the Association to meet at Waco and Galveston County Society has also announced her intention of so doing.

Two Physicians Injured.—While breaking a young horse to a buggy, April 2, Drs. G. V. Smith and A. R. Taylor, of Chico, were thrown out and injured. Dr. Smith sustained a fracture of the left leg just below the knee, and Dr. Taylor was bruised about the arms and legs.

Local Surgeons at the Corpus Christi Meeting.—Dr. R. W. Knox, Chief Surgeon of the Southern Pacific, has corresponded with the chief surgeons of Texas roads urging that they encourage their local surgeons and families to attend the Corpus Christi meeting. It is thought that an increase of fully 100 in attendance will result from this action.

The McGill University Alumni will hold a banquet at the Great Northern Hotel, Tuesday evening, June 2, 1908, during the meeting of the American Medical Association in Chicago. The committee in charge of the banquet is as follows: D. R. McHartin, M. D., J. Brown Loring, M. D., and Andrew Stewart, M. D. Andrew Stewart, M. D., Member of A. M. A. Alumni Committee.

New and Nonofficial Remedies.—The following articles have recently been approved by the Council on Pharmacy and Chemistry of the A. M. A.:

Aromatic Cordial P.-M. Co. (Pitman-Myers Co.).
Oleum-Ricini Dulcis P.-M. Co. (Pitman-Myers Co.).
Atoxyl Hypodermic Tablets 1-3 grain (Koechl & Co.).
Novocaine Hypodermic Tablets 1-3 grain (Koechl & Co.).

The Next Meeting of the Medical Association of the Southwest will occur in Kansas City, Mo., October 20 to 21. Dr. John Punton, 532 Altman Building, Kansas City, Mo., is chairman of the Committee on Arrangements. This association should be supported by the physicians of Texas, and applications for membership may be sent to the Secretary-Treasurer, Dr. F. H. Clark, El Reno, Okla.

Recognition of Carroll and Lazear.—The Senate on March 30 passed a bill to increase the pensions of the widows of the late Major James Carroll, surgeon, U. S. Army, and Jesse Lazear, acting assistant surgeon, U. S. Army, to $125 per month each, in special recognition of the services of their husbands in discovering and demonstrating on their own persons the truth of the theory of the transmission and propagation of yellow fever by mosquitoes.—*Journal of the A. M. A.*

University of Maryland Alumni.—The local alumni of the University of Maryland will give a smoker and buffet luncheon during the meeting of the American Medical Association in Chicago, on the evening of June 2, 1908, in the Victoria Hotel, northwest corner of Michigan Avenue and Van Buren Street, to which their own and all other visiting alumni are cordially invited. L. D. Gorgas, Member of the A. M. A. Alumni Committee.

Notice to Alumni of the Tulane Medical Department.—It is important that all graduates of Tulane intending to be present at the meeting of the A. M. A. in Chicago, June 2 to 5, should write at once to Dr. Hugh B. Williams, 100 State street, for information concerning the gathering of the alumni on June 2. Tulane headquarters will be at the Auditorium Hotel and alumni are urged to call upon their arrival for information. This is important.

American Medical Editors' Association.—The annual meeting of this society will be held at the Auditorium Hotel, Chicago, on May 30, and June 1. An extensive and interesting program has been prepared and every member of the association is urged to be present and editors of medical magazines, not now affiliated with this society, are also invited to meet with them. Do not forget the date, Saturday, May 30, and Monday, June 1.

Sanitary Code for Incorporated Towns.—State Health Officer Brumby has just sent to all incorporated towns a carefully compiled sanitary code. This is intended for towns incorporated only for sanitary purposes and under an old law which delegates this authority to county commissioners courts. The adoption of such a code by the smaller towns will be of inestimable value in the prevention of typhoid fever and other preventable diseases. Dr. Brumby advocates placing the matter before a public town meeting which should petition county commissioners for a board of health of physicians' selection.

Harvard Medical Alumni Reunion.—There will be a dinner and reunion of the Harvard Medical Alumni at the Great Northern Hotel during the meeting of the American Medical Association, Tuesday, June 2, 1908, at 6 p. m., to which every Harvard man then in Chicago is earnestly bidden to come. Please notify the undersigned as soon as possible so that proper provision may be made. A register of Harvard men will be kept at the Alumni Headquarters in the Auditorium, where information, etc., may be obtained. Henry F. Lewis, Member of A. M. A. Alumni Committee, 42 Madison Street, Chicago.

Alumni Reunion of Kentucky School of Medicine.—To the alumni of the Kentucky School of Medicine, during the meeting of the American Medical Association, there will be a reunion and banquet of the alumni of our college at the Auditorium Hotel, June 2, 1908, at 6:30 p. m. The members of the faculty will be present, and hope to meet the alumni from the entire country. An attractive musical program is being arranged, and there will be addresses from the alumni and members of the faculty. Address all communications to Dr. J. R. Pennington, Secretary of the Alumni Committee, appointed by the American Medical Association for the Kentucky School of Medicine, 103 State street, Chicago.

The Texas Medical News a Departmental Journal.—The January number of the Texas Medical News arrived recently and announced that it will hereafter be edited in departments, the editors of which are as follows:

The journal has been delayed by arranging these departments, but expects to be issued promptly in the future. The first number under the new regime is an interesting one. Dr. M. M. Smith, the editor, moved to Dallas, but is still continuing the publication of the journal in Austin.

"State Medicine and Public Hygiene," Dr. Geo. R. Tabor, former State Health Officer of Texas; "Surgery," Drs. J. H. Reuss and J. H. Smart, proprietors and surgeons of the Marsalis Sanitarium; "Genito-Urinary and Dermatology," Dr. J. B. Shelmire, Professor of Genito-Urinary and Skin Diseases in the Medical Department of the Southwestern University Medical College; "Obstetries and Diseases of Women and Children," Dr. J. W. Bourland, Professor of Obstetrics, Southwestern University Medical College and Physician in the Dallas Lying-in Hospital; "X-Ray and Electro-Therapeutics," Dr. J. M. Martin, Professor of Electro-Therapeutics in the Medical Department of Baylor University; "Eye, Ear, Nose and Throat," Dr. E. H. Cary, Dean and Professor of Ophthalmology in the Medical Department of Baylor University; "Clinical Medicine," Dr. M. M. Smith, Secretary of the Texas Sanitarium.

Itinerary of Special Train to Corpus Christi Meeting.—

Leave Fort Worth	10:30 a. m.	May 11.
Leave Alvarado	11:35 a. m.	May 11.
Leave Itasca	12:10 noon	May 11.
Arrive Hillsboro (box lunch)	12:30 noon	May 11.
Leave Dallas	8:20 a. m.	May 11.
Leave Lancaster	8:51 a. m.	May 11.
Leave Waxahachie	9:27 a. m.	May 11.
Leave Italy	9:57 a. m.	May 11.
Leave Milford	10:09 a. m.	May 11.
Arrive Hillsboro (box lunch)	10:40 a. m.	May 11.
Leave Hillsboro	12:40 p. m.	May 11.
Leave Waco	1:30 p. m.	May 11.
Arrive Temple	2:40 p. m.	May 11.
Leave Belton	12:40 noon	May 11.
Arrive Temple	1:15 p. m.	May 11.
Leave Temple	2:45 p. m.	May 11.
Leave Granger	3:35 p. m.	May 11.
Leave Georgetown	4:10 p. m.	May 11.
Arrive Austin (supper)	5:30 p. m.	May 11.
Leave Austin	7:00 p. m.	May 11.
Leave San Marcos	8:15 p. m.	May 11.
Leave New Braunfels	8:50 p. m.	May 11.
Arrive San Antonio	10:00 night	May 11.
Leave San Antonio	12:00 night	May 11.
Arrive Corpus Christi	7:00 a. m.	May 12.

Equipment.—The special train will consist of combination baggage car, high-back coach and four standard Pullman sleepers.

The special train will be run via the M., K. & T. to San Antonio, thence the S. A. & A. P.

Rates.—One and one-fifth fare for round trip.

Selling Dates.—May 10 and 11 for trains arriving May 12.

Limit.—May 17.

Pullman Rates.—From Dallas and Fort Worth, $3 per double berth. Application for Pullman reservation should be made on C. A. Briggs, C. P. & T. A., Fort Worth, and R. B. Courtney, C. P. & T. A., Katy, Dallas, accompanied by remittance.

Non-Pay List of the Fort Towson Medical Association.—Dr. J. T. Vick, of Fort Towson, Okla., a former Texan, is President of the Fort Towson Medical Association, Fort Towson, Okla. This organization has elected a board of directors and adopted a set of resolutions and by-laws. These resolutions are backed by eminent opinion as not conflicting with the statutes of the State of Oklahoma, and because of their originality in dealing with delinquents, are here reproduced:

"Resolved 1. That each and every one shall hold and maintain his own patrons until satisfactory arrangements shall have been made between the said doctor and his patrons.

Resolved 2. That these arrangements shall be completed within ten days from date.

Resolved 3. That any patron not having made satisfactory arrangements at the expiration of ten days from date shall be placed on the non-pay list.

Resolved 4. That any persons placed on the non-pay list shall not receive in any way whatever, any assistance from any member of the Fort Towson Medical Association until they have made satisfactory arrangements with the doctor or doctors placing them thereon.

Resolved 5. That after such person or persons shall have made satisfactory arrangements in regard to settlements, that his or her name shall be immediately erased from the non-pay list and that he or she shall become eligible to call any doctor who is a member of this association, and that he will cheerfully render medical assistance until said party or parties are again placed on the said non-pay list.

Resolved 6. That we have satisfactory arrangements made with all parties every thirty days who live within the city limits of Fort Towson, Okla., and said party or parties failing to comply with these resolutions shall be placed on the non-pay list within ten days after such accounts are due.

Resolved 7. That all persons residing here, or shall come to our town or community, who are unable financially to pay for the services of a doctor, shall have the assistance of any one of us they may desire free of charge.

Resolved 8. That each member of this association shall notify each and every patron regardless of personality, at once, of his or her account. Should any member of this association upon visiting a transient patient, and upon a due examination and investigation find the patient in destitute circumstances that to your opinion, you make said party give you security for bill, or otherwise give said party free treatment."

The Committee of One Hundred of the American Association for the Advancement of Science on National Health.—The Committee of One Hundred, appointed by the American Association for the Advancement of Science, to further the interests of a great national movement to better protect the public health, is establishing farther local committees of one hundred through the principal localities of the Union. The Secretary is J. P. Norton, New Haven, Conn. This movement is being endorsed by the leading scientists of the United States. They are attempting to obtain a representative vote from scientific men throughout the country as to which of the following imperative demands for attention from the next Congress is deemed most important.

(a) Federal prevention of the pollution of interstate waterways.

(b) Federal regulation of the tuberculous.

(c) Establishment of a public health bureau for the collection and dissemination of reliable public health information.

The American Health League will shortly publish an official organ, "American Health," which will be sent to the members of the league. Annual dues in the league are $1 per year.

As showing the great need of a National Department of public health President Roosevelt said to the Committee of One Hundred: "Our national health is physically our greatest national asset. To prevent any possible deterioration of the American stock should be a national ambition. We can not too strongly insist on the necessity of proper ideals for the family, for simple living and for the habits and tastes which produce vigor and make men capable of strenuous service to their country. I can most cordially commend the endeavors of your committee to bring these matters prominently before the public."

Among the literature being widely disseminated is the following:

LIFE WASTE APPALLING.

NECESSITY OF NATIONAL ORGANIZATION OF HEALTH IMPERATIVE.

For a nation to permit great wastes to go unchecked is more than a suicidal policy; for an evil more destructive than race suicide is *race homicide*. There are four great wastes today, the more lamentable, because they are unnecessary. They are *preventable death, preventable sickness, preventable conditions of low physical and mental efficiency* and *preventable ignorance*. The magnitude of these wastes is testified to by experts competent to judge. They fall like the shades of night over the whole human race, blotting out its fairest years of happiness.

The facts are cold and bare—1,500,000 persons must die in the United States during the next twelve months; equivalent to 4,200,000 persons will be constantly sick; over 5,000,000 homes, consisting of 25,000,000 persons, will be made more or less wretched by mortality and morbidity.

We look with horror on the black plague of the middle ages. The black waste was but a passing cloud, compared with the white waste visitation. Of the people living today

over eight millions will die of tuberculosis, and the federal government does not raise a hand to help them.

THE DEPARTMENT OF AGRICULTURE PROTECTS ANIMALS.

The Department of Agriculture spends seven million dollars on plant health and animal health every year, but, with the exception of the splendid work done by Doctors Wiley, Atwater and Benedict, Congress does not directly appropriate one cent for promoting the physical well-being of babies. Thousands have been expended in stamping out cholera among swine, but not one dollar was ever voted for eradicating pneumonia among human beings. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles; in warning farmers against blights affecting potato plants; in importing Sicilian bugs to fertilize fig blossoms in California; in ostracizing various species of weeds from the ranks of useful plants, and in exterminating parasitic growths that prey on fruit trees. In fact, the Department of Agriculture has expended during the last ten years over forty-six millions of dollars. But not a wheel of the official machinery at Washington was ever set in motion for the alleviation or cure of diseases of the heart or kidneys, which will carry off over six millions of our entire population. Eight millions will perish of pneumonia, and the entire event is accepted by the American people with a resignation equal to that of the Hindoo, who, in the midst of indescribable filth, calmly awaits the day of the cholera.

INFANT MORTALITY PREVENTABLE.

During the next census period more than six million infants under two years of age will end their little spans of life while mothers sit by and watch in utter helplessness. And yet this number could be probably decreased by as much as one-half. But nothing is done.

The States' rights doctrine can be applied against the Department of Agriculture as effectively as against a national department for health. It is not, then, a question of constitutionality, but, rather, of whether or not such a department is needed by the nation.

The logic that justifies an annual appropriation of $2,000,000 for a life-saving service against the accidents of the sea should justify protection against accidents of disease and death.

Agitation for the factory acts, the eight-hour day, regulations concerning female and child labor and immigration is justified primarily as health regulation.

In addition to the economic gain, the establishment of a National Organization of Health would gradually but surely diminish much of the misery and suffering that can not be measured by statistics. Sickness is a radiating center of anxiety; and often death in the prime of life closes the gates of happiness on more than one life. Let us not forget that the "bitter cry of the children" still goes up to heaven, and that civilization must hear, until at last it heeds, the imperfection of forever wasted years of millions of lives.

If progress is to be real and lasting, it must provide whatever bulwarks it can against death, sickness, misery and ignorance; and in an organization such as a National Organization of Health—adequately equipped—a vast preventive machine—working ceaselessly, an attempt at least would be made to staunch those prodigal wastes of an old yet wastrel world.

DISTRICT SOCIETIES.

FIRST OR EL PASO DISTRICT.

The El Paso County Medical Society met in El Paso, April 11, at which time the following program was presented: *"Formalin Treatment of Laryngeal Tuberculosis,"* Dr. E. S. Bullock, Silver City, N. M.; *"Treatment of Laryngeal Tuberculosis With Drugs Other Than Formalin,"* Dr. L. B. Auerbach, El Paso. A flat rate of $5 for all old line insurance examinations was adopted at this meeting, and the resolution signed by all present.

The Big Springs-El Paso District Medical Society met at Big Springs, April 28, at which time the following program was presented:

Invocation, J. E. Morris, Secretary Y. M. C. A.; *Welcome Address in Behalf of Citizens of Big Springs,* G. D. Lee, Mayor; *Welcome in Behalf of Physicians of Big Springs,* Dr. H. F. Phillips; *Response for Association,* Dr. P. C. Coleman, Colorado; *"Treatment of Brain Injuries,"* Dr. Jim Camp, Pecos; *"The Examination of Children,"* Dr. R. A. Wilson, Odessa; *"Chronic Interstitial Nephritis,"* Dr. Theo C. Merrill, Colorado; *"Pneumonia,"* Dr. H. C. Scott, Sweetwater. Clinics by local physicians. *"Transmission of Typhoid Fever and Its Prevention,"* Dr. J. D. Davis, Roby; *"Patent Medicines, Nostrums and Quacks,"* Dr. L. A. Grizzard, Abilene. All of these papers were freely discussed. At the close of the program light refreshments were served and a pleasant social time enjoyed by all.

District Personals.—Dr. M. F. Schuster was elected delegate from this society to the International Congress on Tuberculosis, which meets at Washington, D. C., September 21.

FIFTH OR SAN ANTONIO DISTRICT.

The Wilson County Medical Society met at Floresville, April 7. Drs. W. B. Russ and Russell Caffery, of San Antonio, were present and talked on doctors' registration under the new Practice Act of 1908. Senator W. O. Murray, by request, gave the society a very interesting talk on the benefits received by the people from the hands of doctors. Dr. J. L. Mitchell was elected Vice-President of the society to take the place of Dr. R. G. Martin. The next meeting will occur at Floresville, May 5.

District Personals.—Dr. J. H. Burleson, President of the Bexar County Medical Society, at the last meeting of that society was elected as a member to the International Congress on Tuberculosis. Drs. J. S. Lankford, Frank Paschal and Theo. Y. Hull were elected as delegates to this meeting in Washington, next September.

SEVENTH OR AUSTIN DISTRICT.

The Bastrop County Medical Society met at Smithville, March 19, with but five members present. Though the attendance was small quite an interesting session was held. Several important cases were reported and discussed by those present. Dr. A. L. Brown, of Upton, read a paper on *"Diseases of Women and Their Treatment,"* which was freely discussed.

Dr. T. B. Taylor, of Elgin, was elected to the Board of Censors to fill the place of Dr. M. M. Gough, who has moved from the county. A Committee on Public Health was appointed consisting of Drs. G. T. King, Elgin; J. H. E. Powell, of Smithville, and O. N. Mayo, of Roger's Park.

The Williamson County Medical Society met at Georgetown, April 8, with nineteen members present. Dr. E. M. Thomas, of Georgetown, read a paper on *"Angina Pectoris,"* which was freely discussed by all present. Dr. W. L. Helms, of Jonah, was received by transfer into the society. New members: Drs. R. B. Hudson, Coupland, and W. M. Schultz, Georgetown; H. M. Bennett, Florence; L. L. Lamar, Florence. Dr. B. Nowlin was elected censor for one year in place of Dr. Kuhn who has moved from the county. Dr. J. A. Holloway, Round Rock, was elected alternate delegate. Committee on Public Policy and Legislation was appointed as follows: Drs. W. T. Jones, Georgetown; O. B. Atkinson, Florence, and B. Nowlin, Georgetown.

District Personals.—Dr. Caroline A. Loomis, formerly of San Angelo, has entered on her duties as assistant physician to the State Lunatic Asylum at Austin.

Dr. and Mrs. R. H. Griffith, of Austin, are visiting in Old Mexico.

Dr. H. Clay Nichols, of Lockhart, has returned from a trip to East Texas.

Miss Leah Powell, only daughter of Dr. and Mrs. J. H. E. Powell, of Smithville, died April 22, from a fracture of the skull received during a runaway two days before.

Dr. W. L. Johnson and wife, of Giddings, are in Mineral Wells for the doctor's health.

NINTH OR SOUTHERN DISTRICT.

District Personals.—Dr. Joe Stuart, of Houston, was painfully bruised about the arms and body, April 25, as a result

of being dragged about fifty yards by his horse, which had become frightened and turned over the buggy.

ELEVENTH OR EASTERN DISTRICT.

District Personals.—Dr. and Mrs. C. Campbell, of Lufkin, have returned home from a trip to relatives in Louisiana.

TWELFTH OR CENTRAL DISTRICT.

The Frisco-Central Medical Society met in Dublin, April 8, and had a splendid attendance. The program was fully carried out. The new officers elected are: President, Dr. J. H. Wysong, Hico; Vice-President, W. E. Sturgis, Stephenville; Secretary-Treasurer, Dr. C. H. McCollum, Hico, re-elected. The next meeting takes place in October. The chairmen of the different sections are: Drs. R. L. Kimmins, Iredell, Bacteriology and Pathology; Dr. C. M. Hall, Hico, Eye, Ear, Nose and Throat; Dr. A. O. Cragwell, Stephenville, Surgery; Dr. J. C. Weaver, DeLeon, Obstetrics and Gynecology; Dr. J. H. Marshall, Comanche, Practice of Medicine.

The McLennan County Medical Society met March 7, with seventeen members present. Dr. J. W. Torbett, of Marlin, read a paper on *"The Diagnosis and Office Treatment of Some Gyneeological Cases."* A resolution was adopted that the McLennan County Society delegate to the State Association invite the Association to meet in Waeo in 1909.

District Personals.—Dr. J. J. Robert, Hillsboro, has returned from New Orleans, where he took a post-graduate course.

FOURTEENTH OR NORTHERN DISTRICT.

The Denton County Medical Society met in Denton, April 6, with seventeen members present, at which meeting the following papers were presented: *"Elimination as a Faetor in the Treatment of Disease,"* Dr. G. D. Lain, Sanger; *"Appendicitis,"* Dr. H. Rowe, Denton; *"Puerperal Convulsions,"* Dr. J. H. Allen, Justin. Dr. J. M. Inge reported a case in whieh he operated for dermoid cyst and Dr. D. F. Kirkpatrick, Lewisville, reported a case of Epithelioma of Cliterus.

The Hopkins Medical Society met at Sulphur Springs, April 1, with fourteen members and one visitor present. Papers: *"Influenza in Children,"* J. P. Dickerson, Miller Grove; *"Urinalysis as an Aid to Medieal Diagnosis,"* R. L. Hargrove, Sulphur Springs. This society resolved to donate $25 to the State Board of Medical Examiners to a fund to proseeute all infraction of the new law and all bogus certificates.

The Kaufman County Medical Society met at Terrell, April 7, with sixteen present. New members: Drs. Eugene Jackson, Elmo, and D. G. Taylor, Scurry, R. F. D. No. 2. The following papers were read: *"Serum Therapy in Surgieal Diseases,"* *"Drainage of Peritoneal Cavity,"* *"Ergot in Obstetries."* Four clinical patients were presented.

The Grayson County Medical Society met in Sherman April 7, with twenty-four in attendance. Papers: *"Open Treatment of Burns,"* E. J. Neathery, Sherman; *"Dressing Fraetures of the Elbow Joint,"* I. P. Gunby, Sherman. *"Contraet Praetice and Insuranee Fees"* was freely discussed. The by-laws of the society were amended making the annual dues to the society 50 cents, there being no annual dues heretofore.

The Fannin County Medical Society met at Bonham, April 8, with but a small attendance, due to the inclement weather. Dr. J. C. Carleton, of Bonham, read a paper on *"Dysmenorrhea,"* which was freely discussed by all present.

The Montague County Medical Society met at Ringgold, April 7, at which meeting there were six members present. New members: Drs. W. H. Anderson, St. Joe, and I. L. Wall, Bonita.

The following program was presented: Papers—*"Typhoid Fever Followed by Multiple Neuritis,"* I. L. Wall, Bonita; *"Treatment of Fractured Claviele,"* J. T. Lawson, Bowie; *"Eclampsia,"* D. W. Clark, Montague.

District Personals.—Dr. J. J. Dial, of Sulphur Springs, member of the State Medical Examining Board, has gone to Chicago and from there will go to New York for two months' special work.

Dr. Thomas J. Milner has been appointed smallpox physician of Hunt county.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Northeastern Texas Medical Society met in Texarkana, April 7. The house was called to order by President, Dr. T. S. Ragland, of Gilmer. Invocation by Rev. G. M. Matthis.

The following papers were read: *"Importanee of Examining Eyes and Ears of School Children,"* Dr. R. H. T. Mann, Texarkana; *"Indicanuria,"* Dr. Nettie Klein; *"Fibre Adenema of Mammary Gland,"* Dr. W. C. Crutcher; *"Necrosis of Lower Jaw, Exhibition of Patient,"* Dr. T. F. Kittrell; *"Praetical Improvement in Surgieal Proeedure,"* Dr. C. M. Rosser; *"The Possible Heredity of Urinary Caleuli,"* Dr. J. R. Dale.

The meeting adjourned until 2 p. m., when the house was called to order and a business session called. Dr. H. Taylor, Marshall; Dr. W. H. Blythe, Mt. Pleasant, and Dr. W. C. Crutcher, Mt. Vernon, were appointed a committee on new members in absence of censors. The following new members were elected: Drs. I. H. McDaniel, Simms; J. C. Bates, Naples; J. H. Holbrook, Mt. Vernon; W. L. Beavers, Purley.

Reports of Secretary were read and approved. Bills allowed $18.60.

The proposed new constitution was read and adopted as a whole. The new constitution provides that: any component county medical society of the Fifteenth District of the State Medical Association of Texas which may pay into the treasury of the society a per capita assessment of 20 eents, based on the annual report of said society to the State Association, may secure for its entire membership, as shown from time to time by certified lists of said membership, full membership in this society; provided all of said members are elected to membership as provided in Art. IV of the Constitution, which article provides that the membership shall consist of regularly authenticated members of county societies comprising the Fifteenth District of the State Medical Association of Texas.

As the amount in treasury was but $5.70 and indebtedness of society $18.60, in order not to leave the society in debt, $10 was collected from individuals and $4.60 from the Harrison County Medical Society, being the assessment for twenty-three members.

The Secretary was instructed to advise each county society in the district of adoption of the new constitution, after which the program was resumed and the following papers read:

"Coal Tar Produets, Antipyrin, Aectanilid and Phenaeetin," Dr. C. A. Smith. Drs. Hunt, Mann, Abell and Kitrell presented some very interesting clinics. Dr. Abell's clinics were two cases of intestinal obstruction, presented in lieu of a paper; *"When to Operate for Gall-Stones,"* by Dr. W. T. McCurry; *"Senile Gangrene,"* by Dr. Kittrell.

The new constitution provides that the date of meeting may be chosen at a current meeting. Texarkana will be the place of meeting in November, the day previous to the meeting of Tri-State Medical Society.

At the night session the following subjects were discussed: *"The Relationship that Should Exist Between Dentists and Physicians,"* Dr. T. S. Ragland, Gilmer; *"Response,"* Dr. P. A. Skeen, Texarkana, President Arkansas Dental Association; *"The Relationship that Should Exist Between Physicians and Nurses,"* Dr. T. F. Kittrell, President Texarkana Sanitarium and Hospital; *"Response,"* Miss I. H. Pirkins, Superintendent Dale Sanatorium.

The discussions were unusually able, and were enjoyed by all. This is considered the best meeting ever held by the society. An unusual attendance is expected at the next meeting in November.

The Bowie County Medical Society met in New Boston, March 25 with a good attendance. Dr. McGee, of New Boston, read a paper on *"Pleurisy,"* which was generally discussed. A case of broncho-pneumonia was presented as a clinic by Dr. C. P. Helms, of New Boston, and one of cicatricial contraction of soft parts on inside of cheek, preventing opening of mouth, by Dr. Hays, of Malto. These cases were examined and discussed with much interest. Plans for post-graduate work were presented, discussed and adopted. They will be put in operation at the Texarkana meeting of the Society, April 24.

The Camp County Medical Society met in called session in Pittsburg, April 16, with a full attendance. Councilor Dr.

Holman Taylor was present and addressed the society on various subjects of interest. Dr. R. J. Swain of Pittsburg was elected delegate to the Corpus Christi meeting of the State Association. It was announced by the Secretary that every physician in the county was a member and had paid dues for 1908.

The Franklin County Medical Society met in called session in Mt. Vernon, April 15, for the purpose of receiving the official visit of Councilor Dr. Holman Taylor. A very good attendance was recorded, and the address of Dr. Taylor was given careful consideration and thorough discussion.

The Harrison County Medical Society met in Marshall, April 7, with a full attendance. Several cases of supposed illegal practitioners in the county were reported and referred to the Committee on Public Policy and Legislation for investigation. A case of malpractice by an advertising specialist, a Dr. Adams, was reported to the society, in which a cure for cataract was attempted by sewing together the lids of the eye with silver wire. The patient was told that the trouble would be gone when the lids came apart. City Physician Dr. Hall discussed the city sanitary and quarantine laws, and requested the support of the society in enforcing them. The fact that vaccination could not be made compulsory was deplored by all present, and a campaign of enlightenment on this question was promised.

The Marion County Medical Society met in Jefferson, April 9, with a full attendance. Four new members were elected. The scientific program for the meeting was postponed and the time given over to Councilor Dr. Holman Taylor, who was present and addressed the society. The matter of registration of licenses was given special consideration, and several cases of complex bearing adjusted.

The Morris County Medical Society met in Daingerfield, April 6, with the largest attendance of its history. Several clinics were presented, examined and discussed, among which were extensive tumors of neck by Dr. Turner, Daingerfield; peculiar fracture of tibia and fibula, with result of treatment, and fracture of skull with result of operation. Councilor Dr. Holman Taylor was present and addressed the society, after which several of the subjects mentioned were discussed by those present. Omaha was selected for next place of meeting. The visit of the councilor was acknowledged by a special vote of thanks to him for his services.

The Red River County Medical Society met in Clarksville, April 6, with a good attendance. A paper on *"Purulent Ophthalmia"* was presented by Dr. Jim Ward, of Detroit, and one on *"La Grippe"* by Dr. G. B. Griffin, of Annona. Both papers were freely discussed. Two applications for membership were received. A social session was ordered for the May meeting, and Drs. Nowlin Watson, Claude Scaff and Wm. McDonald were appointed a committee of arrangements.

The Titus County Medical Society met in regular monthly session at Mt. Pleasant, April 14. A good attendance was recorded. Councilor Dr. Holman Taylor was present and addressed the society. The matter of verification of licenses received special consideration, and some confusion in the matter was set aright. In considering a letter from the Trustees of the State Association on the matter of the International Congress on Tuberculosis, to be held in Washington this year, it was decided to give the movement every assistance it could, especially in the matter of advertisement and in securing members.

The Upshur County Medical Society met in Gilmer, March 21, with a very large attendance. Several interesting cases were presented for examination by the society, and others reported, all of which were fully discussed. The sum of $1 was voted to the Davis Memorial Fund.

The Wood County Medical Society met in Quitman, March 27, with a good attendance. Two new members were elected, and one application received. After the usual routine of business, the time was given over to Councilor Dr. Holman Taylor, who addressed the society at length. Several of the subjects discussed by Dr. Taylor were subsequently discussed by the members, especially that of verification licenses, and the regulations of the State Health Department. It was decided to give what assistance may be possible to both the State Health Department and the State Board of Medical Examiners.

COUNTY SOCIETIES.

NEW TEXAS MEMBERS OF THE A. M. A. FOR MARCH, 1908.

Aldridge, H. W., Rockett.
Beall, K. H., Fort Worth.
Bernard, J. W., Carney.
Binney, Charles, Thurher.
Blackwell, T. H., Dickens.
Bolin, G. W., Loving.
Bowen, R. E., Devers.
Bush, I. J., El Paso.
Burke, Alhert, San Antonio.
Carpenter, J. D., Frisco.
Colgin, M. W., Waco.
Connally, H. F., Eddy.
Dawe, W. T., Gonzales.
Dudley, J. B., Marysville.
Dudley, R. L., Marysville.
Easton, E. S., Eagle Pass.
Faulk, Lem, Sulphur Springs.
Fisher, T. B., Dallas.
Forrester, W. H., Klondike.
Hill, J. A., Groveton.
Holt, O. C., Lockhart.
Howard, G. R., Palestine.
Johnson, J. M., Giddings.
Mays, C. E., San Angelo.
McCuiston, S. A., Pattonville.
McFarlin, J. E., Sandia.
McGlasson, I. L., Axtell.
Meredith, Duane, Dundee.
Mooney, James, Wellington.
Neal, J. F., Lytle.
Nifong, H. D., Britton.
Post, G. A., Simms.
Powell, C. N., Deweyville.
Rogers, I. S., Frisco.
Roth, H. G., Mobeetie.
Sharpe, E. L., Pleasanton.
Stone, D. S., Junction.
Stuckey, J. H., Cuero.
Swanger, J. B., Odelia.
Thomas, V. D., Manor.
Vaughan, W. B., Honey Grove.
Westmoreland, J. P., Weldon.
Wilkins, J. S., Wellington.
Younghlood, R. C., Cestohowa.

CHANGES OF ADDRESS FROM MARCH 20 TO APRIL 20.

M. Gray from Turnersville to Mt. View, Okla.
H. N. Hardister from Honey Grove to Hot Springs, Ark.
F. G. Smith from Evant to Turnersville.
L. Faulk from Emory to Sulphur Springs, R. F. D. 3.
C. E. Frazier from Weatherford to 1127 Paseo St., Kansas City, Mo.
S. J. Petty from Park Springs to Decatur.
C. W. Payne from Alvord to Park.
W. C. Bristow from Malakoff to Corsicana.
S. J. Underwood from Morgan Mill to Stephenville.
I. M. Howard from Graford to Seminole.
Bethel Nowlin from Jonah to Georgetown.
J. B. F. Millian from Marion to Samfordyce.
H. B. Worley from Sherman to Verden, Okla.
M. D. Baker from Waco to Alhany.

DEATHS.

James Osborn Furlow died at Shelbyville, February 12, 1908, of pneumonia. He was born in Talapoosa, Alabama, May 13, 1854. In 1857 he moved with his parents to Columbia county, Arkansas, where he resided until grown to manhood. He graduated in medicine at the University of Louisville in 1875, at the age of 21. He began practicing his profession the same year at Redland, in Bossier Parish, La. He was married at Redland to Alice Fulennider, November 21, 1875. He resided at Redland two years and then moved to East Texas, locating at Shelbyville, where he practiced ten years. He has practiced his profession for the past fifteen years at Montgomery.

Dr. John W. Wilson, of Glory, Texas, died at his home February 22, from pneumonia, after an illness of three weeks. Aged 35. Dr. Wilson graduated at Tulane University, New Orleans, in 1905, and the same year took a course in the New Orleans Polyclinic in the diseases of the eye, ear, nose and throat. He was a member of the American Medical Association, the North Texas Medical Association and his State and county medical societies. He was a member of the Christian church, and a physician of high standing in the community in which he lived. He was born and raised at Emberson, Lamar County, Texas, but located at Glory two and a half years ago, meeting with marked success in his practice from the beginning. He leaves a widow and one child.

Dr. J. T. Halley, of Galveston, died in St. Mary's Infirmary, April 22, 1908, of apoplexy. Dr. Halley was born in Roanoke county, Virginia, January 8, 1859, graduated from the University of Maryland, in Baltimore, March 3, 1881. He made his home in Galveston for a number of years until recently, when he moved to Port Bolivar for his health, which had been failing for some time. Dr. Halley lived in Kentucky several years before going to Galveston, where he lived for fifteen or twenty years. He was recognized as a man of high attainments and true and good qualities of character. He did a considerable charity practice among the poor of the city. His remains were shipped to Virginia, his native State.

Dr. Wallace Rouse, of Galveston, was struck by lightning, and instantly killed on the morning of April 21, 1908, while

fishing at Bettison's pier on the north jetty at Galveston. Dr. Rouse was born January 6, 1875, at Brenham, Texas. His preliminary education was received in the Brenham public schools. In the fall of 1898, he entered the Medical Department of the University of Texas, graduating in 1902 with the degree of M. D. He served one year as interne in pathology in the John Sealy Hospital. In 1903, Dr. Rouse was appointed Demonstrator of Medicine in the University of Texas, and in 1904, he was elected Lecturer on Pediatrics and Instructor in Physical Diagnosis. These positions he filled with credit to himself and the University to the time of his death. On September 4, 1906, he was married to Miss Hilda Hulme, who, with their infant son, survives him. For some months Dr. Rouse also engaged in the practice of Internal Medicine in Galveston. Out of respect to his memory, the teaching exercises of the Medical Department of the University of Texas were suspended April 22. The interment took place in Brenham, April 23, with Masonic honors, an escort of Masons accompanying the body from Galveston. Always, from the very beginning of his medical studies, Dr. Rouse has been an exceedingly painstaking, thorough student, and his teaching evidenced a complete grasp of the subject. A man, clean in his private life, faithful in his duties, loyal to his friends, devoid of fear, exemplary in his professional relations, Dr. Rouse will long be remembered and mourned by those who knew him.

BOOK REVIEWS.

Practical Fever Nursing. By Edward C. Register, M. D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $2.50 net.

The object of this book is for nurses and to give them a knowledge of fevers and their medical treatment, so that more intelligent care may be given. The work is like a treatise on the practice of medicine and contains fully as much information on the subject of which it treats as is given in the standard works on medicine of moderate size. More space is given to the symptomatology of typhoid fever than is given to the same subject in standard works on medicine. The only question that comes to mind is this—is it necessary for the nurse to possess so much of this information? However, it is just to say that most of the statements are correct and will not be likely to mislead the nurse unless she gains the idea that by the aid of the book she can dispense with the services of a physician. The book is written in a rather redundant style and a few repetitions are noticed. On the whole the treatise is an excellent one, and will assist in making nurses more efficient. We heartily commend the volume.

Minor Surgery. By Edward Milton Foote, M. D., A. M., Instructor in Surgery, College of Physicians and Surgeons (Columbia University). Cloth, 752 pages with forty illustrations. Price, $5. New York, D. Appleton & Co., 1908.

The general practitioner will undoubtedly find this book a valuable one to possess, for the author applies to every day surgery the knowledge revealed by the discoveries of the last twenty-five years. He says the field of minor surgery is the only one which the average practitioner will ever enter, and the one in which most surgeons find the majority of their patients, yet the physician untaught regarding minor surgery, fails to achieve good results and performs more bad surgery on the hands than on the organs of the abdomen. This is known to be true by all who have had occasion to review the surgical work of the average practitioner. This condition of affairs, he says, is caused by the average medical student receiving unlimited instruction in some phases of surgery which he will likely never perform, and is told little or nothing for example concerning infections of the hands or feet, which may come to him any hour of the day. The different subjects are treated in this volume in an unusually instructive, original way. The illustrations are very numerous, new, and exceedingly practical. This book will be a valuable contribution to the surgical field, and is probably one of the first of the new books that should be added to the general practitioner's library.

The Life of Nathan Smith Davis, A. M., M. D., LL. D., 1817-1904. By I. N. Danforth, A. M., M. D., Chicago, Ill. Illustrated, cloth. Pp. 193. Price, $2.50. Chicago, Cleveland Press, 1907.

It is an inspiration to read the life of Dr. N. S. Davis. Then only do we have an appreciation of the obstacles he had to conquer from the time he began the study of medicine, at the age of 17 until the close of his professional life, fifty years later. As a man of action, his influence was not limited to local, but extended to national medical affairs. For many years he labored for higher medical education in America. It was in 1849 his energy brought results when he joined the small band that founded the Chicago Medical College. The methods that he had so long advocated were put into practice here, and for years this college was far in advance of any in this country. Through his influence the meeting which resulted in the organization of the American Medical Association was called. For twenty-five years he attended every meeting and had more to do in directing its activities than had any one man. In writing the life of Dr. Davis, the author was greatly handicapped by the absence of original documents and letters which would have made it an easier task to present the man as he was. He has given us a brief but clear insight into some of the early conditions of the country during the time when Dr. Davis was growing up, and during his early manhood. Without this, it would be impossible for a reader to fully appreciate such a man's professional career. It shows the marvelous changes and prodigious advancements that were witnessed by this one man.

Elements of the Science of Nutrition. By G. Lusk, Ph. D., M. A., F. P. S., illustrated; cloth; pp. 326. Price, $2.50 net. Philadelphia. W. B. Saunders Company. 1906.

"The aim of the present book is to review the scientific substratum upon which rests the knowledge of nutrition both in health and disease." The introductory chapter contains interesting observations of the science of metabolism from its earliest experiments by Sanctorius in the seventeenth century on through the labors of Lavoisier, Liebig, Voit, Rubner and others of the modern era of science. The lungs were at first thought to be the seat of the production of metabolism, but it has been gradually proven that the tissues produce bodily energy, and that this change is due to the action of the tissues not to the presence of oxygen nor the abundance of oxidizable material. The law of conservation of energy is fully applicable to the metabolism of food, but the extent of utilization varies according to certain needs of the organism in consuming the food. These conditions are treated as the occasions, not the direct causes of the metabolic changes. Several chapters are devoted to the influence of different foods upon the system. The uselessness of some articles as food is shown in an emphatic manner. The author condemns the old theory that "patent" foods are brain foods. The chapters treating the specific dynamic action of food stuffs, followed by those on the influence of fats and carbohydrates and mechanical work are very instructive. The chapter on normal diet is, on the whole, sensibly treated, and practical tables for the arrangement of dietaries are found in the appendix for those who may wish to apply in practice the general laws laid down. The latter part of the book is devoted to food requirements during the period of growth, and metabolism in anemia, diabetes fever, gout, etc. The closing chapter is devoted to theories of metabolism and a general review of the preceding chapters. Few practical details are given as in ordinary works on dietetics, but the methods and experimental results are so clear that a careful student of the facts and principals laid down will find it easy to understand and apply the details.

BOOKS RECEIVED.

Examination of the Ear—Spencer (C. V. Mosby).
Transactions of the North Carolina Medical Society, 1907.
Mortality Statistics, 1906 (Reports of the Census Office).
Medical Gynecology—Kelly (Appleton's).
Transactions Utah State Medical Association, 1907.
Practical Life Insurance Examinations, Ramsey (Lippincott).
Glimpses of Medical Europe—Thompson (Lippincott).

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
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VOL. IV. JUNE, 1908. No. 2.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Our New President.—We will take pleasure in presenting in our July issue the likeness of Dr. H. W. Cummings, of Hearne, the fortieth President of the State Medical Association of Texas. Dr. Cummings was born at Aberdeen, Mississippi, September 14, 1869. At the age of ten he was left an orphan. He was reared at Fulton Mississippi, on a farm and obtained his early education in the public schools of that State. He came to Texas in 1888 and began the study of medicine in Mansfield, in 1889. He graduated in medicine at the Medical Department of the University of Tennessee in 1892, located at Hearne, Texas, in March, 1892, where he has since practiced his profession. In 1897 he was married to Miss Pauline Eckerle, of Hearne. He attended post-graduate courses of medicine at New York in 1897, at Chicago in 1903 and 1905, and New Orleans in 1907. In 1894 he organized the Brazos Valley Medical Association and was elected its first president. He is a member of the Robertson County Medical Society, and his State and National Medical Associations. He served as Councilor of the State Medical Association of Texas for the Eleventh District for two years, was active in the legislative campaign of 1905 and 1907, and was elected Councilor for the Twelfth District in 1907, which position he resigned in December of that year. He is now local surgeon for the H. & T. C. and I. & G. N. railways. Dr. Cummings has had the training in Association work to make a wise and efficient officer. He is perhaps the youngest President this society has ever had and owes his election to the confidence the profession reposed in his integrity, enthusiasm and ability for leadership.

The Corpus Christi Meeting was a great success. You can catch the spirit of it in the letter from a correspondent on page 48. The transactions of the House of Delegates in this number give an accurate account of the work accomplished by that body. The papers published during the coming year will demonstrate the high character of scientific papers contributed to the sections. The registration at Corpus was approximately 425, a number that surpassed the most sanguine expectations, besides about 250 visiting ladies. These with children, exhibitors and others made the convention crowd not far from 800. The Association was shown to be in a wonderfully prosperous condition, with more money than ever before and the largest membership yet reported at an annual meeting—3117, which by fall will rise to about 3350.

The Presidential Address.—In this issue we present the address of our retiring president, Dr. C. E. Cantrell, of Greenville. This document presents evidence of an unusually careful study of the sanitary needs of our State. The argument for a State Board of Health is powerful and conclusive. The facts are so well selected and so comprehensive that the article deserves to be reprinted as a campaign document, when this matter comes before our legislative body. We urge a careful perusal of this article by the physicians of the State, to impress upon them the paramount importance of this work. It can be shown from the history of other Boards of Health that within the limits of a reasonable appropriation a human life can be saved for every dollar expended. *"A Life For a Dollar"* might well be graven over the doorways of the halls of our Thirty-first Legislature.

County Secretaries Attention!—In this issue is published the official roll of your county society for 1908. It is very important that you carefully scan this list and at once mail the State Secretary any corrections of initials, names, addresses, omissions or incorrect insertions that may appear. These names make up the mailing list. If your members do not get their State JOURNALS because of inaccuracies in this list, we hold you responsible, as this list is made from your report. Physicians named in this list are alone eligible for membership in the American Medical Association from Texas. For these and other reasons it is desired to have the list from each society absolutely accurate. Corrections from any source will be gratefully received.

Have You Registered?—Less than thirty days are now left to comply with the new practice act. It is not sufficient merely to get a verification license before July 12, 1908. It is necessary that such a license be registered in a district clerk's office before that date.

Some seem not to understand this. After July 12, 1908, if you have not completed your registration, you can not become licensed to practice save by an examination and registration of a new certificate.

Snags in Pure Food Enforcement.—The Pure Food Inspector reports many new schemes to evade the pure food law. Sodium sulphite is especially desired by butchers as it maintains a fine pink color in the meat and removes all odor of decomposition from old stock. Agents of various sodium sulphite preservatives, known as chilling powders, "Freeze-em," etc., are selling them to butchers labeled "floor disinfectant." Butchers are told they are good to keep the floors sweet and clean and incidentally informed that they may be used for meat. This relieves manufacturers and agents from the operation of the law. The wholesale drug houses are regularly selling tallow for white wax to local druggists. As neither are strictly foods or drugs, the letter of the law is not evaded. Serial numbers may be obtained by any food or drug manufacturer to place upon his products. The manufacturers are beginning to apply this number to their side commercial lines, not foods or drugs under the law. Thus a San Antonio house had the serial number on oil of bergamot and on the same bottle the label "For technical purposes only." Mr. Blanton, the champion of the pure food law, whose name the bill bears, is also general attorney and counsel for the Wholesale Grocers Association. He fathers the measure and its enforcement, and yet whenever the ruling of the Pure Food Commissioner touches the wholesale men, he protects them by his advice and influence.

The Chicago Meeting of the A. M. A. was the largest in the history of that body. During the first three days the registration reached over 6100. Such a concourse of physicians had never been witnessed by any present. Colonel Gorgas, of the Panama Commission, was elected President, and Atlantic City selected as the next place of meeting. The following representatives registered from Texas:

Ahlers, O. C., Sherman.
Anderson, Jas. S., Brady.
Anderson, W. B., Brownwood.
Boyd, Frank D., Fort Worth.
Brokaw, C. P., Dalhart.
Brown, W. L., El Paso.
Brustal, L. A., San Antonio.
Caffery, Russell, San Antonio.
Cantrell, C. E., Greenville.
Capps, Edgar Doak, Ft. Worth.
Cary, E. H., Dallas.
Chase, I. C., Fort Worth.
Clemons, I. T., Waller.
Clune, W. M., Darwin.
Cook, W. G., Fort Worth.
Cox, M. L., Canton.
Crook, L. H., Cresson.
Dice, R. J., Byers.
Dunlap, Elbert, Dallas.
Frazier, J. M., Belton.
Gilmore, M. E., N. Ft. Worth.
Gray, Carey A., Bonham.
Hall, Robt. L., Terrell.
Harris, Chas. H., Fort Worth.
Jackson, Rice R., Dallas.
Jenkins, B. L., Lyra.
Knox, R. W., Houston.
Langford, M. L., Mart.
Maxfield, J. R., Grand Saline.
McElhannon, M. P., Bitton.
Miller, K. N., Houston.
Morgan, Wm. M., Lytton Spgs.
Neely, W. H., Terrell.
Pasehal, F., San Antonio.
Pearson, P. W., Emory.
Robinson, J. E., Brownwood.
Stevens, B. F., El Paso.
Thomas, Jno. B., Midland.
Turner, S. T., El Paso.
White, R. R., Temple.
Williams, E. C., Collinsville.
Wilson, R. A., Odessa.

ORIGINAL ARTICLES.

PRESIDENT'S ANNUAL ADDRESS.*

BY

C. E. CANTRELL, M. D.,
GREENVILLE.

The fortieth consecutive session of the State Medical Association of Texas is now at hand. Those of us whom you honored one year ago with official position are now before you in token of our loyalty to your undertakings and of our obedience to your behests. These annual meetings are of the greatest benefit to the profession as well as the whole population of our great State. They bring us together as brothers and comrades, fighting for a common cause and as a people who are to be benefited by the warfare.

For the first time we find ourselves in the hospitable city of Corpus Christi, with its balmy sea breezes, sunshine and flowers. Those of us who are not so favorably located expect to enjoy to the fullest extent this visit to your city by the sea, with its stately palms and other tropical growths, as well as to indulge in the hygienic and health-giving surf bathing, drives along the beach and other social functions with your people, to the end that we may return to our homes cleansed and refreshed in body and mind, there to take up the work of "raising the fallen, cheering the faint, healing the sick and leading the blind."

In looking about for a topic on which to base my remarks on this occasion, I am, perhaps, unduly impressed with the idea that impersonal, open-hearted introspection would not be amiss at this period of the Association.

For this reason I will take, first, ten years' retrospection in which we will compare the reorganization of the Association with its former condition, noting the changes in laws as they have occurred; second, our present conditions and arrangements for safeguarding the people; third, the urgent need of wise effort in the future to protect the public health by securing the passage of a law by the next Legislature creating a Board of Health.

Equity, consequent power, and the durability of human objects are the legitimate results of organization. Power not thus sustained is like a house built upon the sand. The principles of justice should ever be the object of organized bodies of mankind.

This Association has but one object in view of any significance, towit: "The promotion of the science and art of medicine." For this purpose we have undertaken to organize the physicians of this State into one compact body, in order to foster "the growth and diffusion of knowledge"; to promote "friendly intercourse" among Texas physicians; to safeguard "the material interests of the medical profession"; "to elevate the standard of medical education"; "to enact and enforce just medical laws"; "to enlighten and direct 'public opinion' regarding public hygiene," and to present to all the practical accomplishments of scientific medicine.

If these objects are attained we must study carefully the means and opportunities for relieving human suffering, combating the ravages of disease, and thereby add years of life and comfort to the human family. Frater-

*Delivered before the State Medical Association of Texas, Corpus Christi, May 12, 1908.

nal feeling and co-operation is more necessary to us, as a class, than to others, in that we must watch with combined vigilance to offset the ravages of disease.

Business ambitions should never dominate a transcendant service like this. Those who would take such a view should class themselves as brokers in human affliction. Little heed need be given to those who would give themselves over to sordid gain.

TEN YEARS' RETROSPECTION OF TEXAS MEDICINE.

Ten years' retrospection of the history of this Association will show what devotion and organized effort will accomplish, and may stir us to greater and more determined efforts in this labor of love for our fellowmen. If so, the object of this address will have been accomplished.

In the year 1898 we find, on consulting the records, that this Association had a membership of 300. They were making strenuous effort to secure better laws and passing resolutions memorializing the Congress of the United States, as well as the Legislature of our own State, to give us better regulations of the quarantine service. The committee having charge of legislative matters in their report were begging for relief from conflicting regulations of our State and the National government in quarantine matters, urging that the Congress pass a law having for its object the protection of our border, leaving the State government an opportunity to use the means at hand for the protection of the people within our border. This committee was composed of Drs. A. B. Gardner, Z. T. Bundy, L. Ashton, Taylor Hudson and J. T. Wilson, men whose ability could not be surpassed and whose devotion could not be excelled.

At this time we were under the law which allowed two methods of registration, one by going before a board of examiners appointed by the district court of each judicial district in the State, and the other by registering a diploma from a medical college. This, as you know, would furnish any number of standards for those entering our profession. This same committee in its report recommended that there be three boards of examiners created and that all applicants be compelled to go before one of them for examination. The fight was kept up until 1901, when we made the final effort that resulted in the three boards being created. On the floor of the House of Representatives and the Senate of this State it was shown, on the day of the final passage of this act, that there were bogus colleges within our own borders selling diplomas for $25 each, and as these colleges were chartered by the State the authority to practice was valid. It was also shown on that day that a quorum of one of the district boards had visited New Orleans, during the annual festivities so long kept up in that city and so largely attended, and while there sold certificates to all of the medical students who had the money and disposition to buy. These applicants did not have to show any evidence of having attended college for a certain period or to have otherwise qualified themselves.

In the year 1901 the profession, by compromising some of the best features of a measure that had been prepared and presented to the Legislature was successful in securing the passage of a bill creating three boards of examiners, but the bill allowed undergraduates in medicine to apply for license, and exempted all classes of drugless healers.

During all these years the profession had been trying to have the Legislature pass a law granting students and investigators the right to make dissections of those dead human bodies unclaimed by friends, and which were buried at public expense. As late as 1905 we were trying to have this character of law passed when there was an amendment offered in the State Senate that doctors should dissect each other for scientific purposes.

Before the great fight made against patent medicines and the advertising of quack remedies in all classes of periodicals, which was made by the *Ladies' Home Journal* and *Collier's Weekly,* it was a common thing to see on vacant lots in our cities and towns peddlers of medicine, with their negro bands, gathering crowds, selling to the ignorant and unsuspecting people all kinds of so-called remedies, some of which were dangerous in that they contained morphine, alcohol or other poisonous drugs.

The San Antonio meeting of the State Medical Association in 1903 brought about the adoption of the plan of reorganization of the Association suggested by the American Medical Association. This was accomplished under the direct influence of Dr. J. N. McCormack, organizer for the American Medical Association. I was one of the original fifty councilors who were taken in a class to be taught the principles of the new plan, and as we sat with him in council, we could truthfully say in the language of one of old, "Our hearts burned within us," as the work opened up before us.

The Secretary's report of 1903 showed a paid up membership of 366. But we still find them trying to make advancement in the laws affecting public health. It was at this meeting that the bill was perfected which was offered to the next Legislature creating a Board of Health. While this effort was in a great measure a failure, it was this move and from this effort that resulted our present law of registration of vital statistics, without which we can not expect to know the condition of our own people.

At the 1904 meeting we had registered, as a result of the work of the councilors, 2263 members who had paid their dues and were in full fellowship. This gave us a representative in almost every community in this great State, who was willing to go to candidates for law-making positions and talk over with them the propositions that we intended to present to the Legislature, while they were running for office, and while their minds were in receptive mood. The journal of this Association has been the means of reaching not only our own members, but the legislators as well, and has been of incalculable value. Under the management of our councilors this membership has steadily increased from year to year, until we need have no fear for the future if we do our duty.

THE PURE FOOD LAW AS APPLIED TO DRUGS.

During the last session of our Legislature there was enacted a bill known as the Pure Food Law, under which it is next to impossible for the people to be deceived regarding the ingredients of medicines containing alcohol and opiates of any kind. If the administration of this law were put into the hands of a board of health, the benefits derived would be many times multiplied.

THE ANATOMICAL ACT OF 1907.

Within two years this organized body of Texas physicians was able to change the sentiment of our lawmakers on the one subject of dissection and anatomical investigation from that of ridicule to that of almost unanimous support. We have now for the first time one of the best, if not the very best, anatomical laws in the United States. To me it is worth all of the effort that I have made and more, that my son can become educated in anatomy in his native State without becoming a criminal.

From what we see in the older States we have not finished with this matter of providing for scientific study. If one will only read of the efforts that have been and are being made in Eastern States to suppress vivisection he will be astonished at the efforts of the societies having for their object the so-called protection of the lower animals. What think you of men and women spending fortunes to suppress the use of rats, cats, pigs and puppies in the work of scientists who are spending their lives in searching for a remedy to save the children from the ravages of disease? Huxley declared that if the time ever comes "when we are unwilling to inflict suffering for future progress there will be an end to all progress of knowledge of the laws of life." And a little earlier the same great scientist expressed his faith that unless fanaticism overpowers the voice of humanity, "and the love of dogs and cats supersedes that of one's neighbor," experiment will ultimately put medicine and hygiene upon a far higher plane.

REGULATION OF MEDICAL EDUCATION.

July 12th of this year will find us with but one Board of Medical Examiners with authority to grant certificates to individuals to practice medicine, and for the first time in the history of this State applicants will be compelled to be graduates from reputable colleges of medicine. This same board has power to regulate the colleges by refusing to admit graduates from an institution that refuses to comply with their requirements. The regulations of the present Board of Examiners controlling medical study were printed in the April JOURNAL. If these regulations are complied with it will necessarily reduce the number of matriculates, and we may be compelled to depend upon State universities to educate physicians.

Dr. Joseph Bryant, in his address before the American Medical Association last year, showed that in 1903-4 each of the 7400 theological students had an income of $3031 provided for his instruction, and that each of the 27,000 medical students had an income of $54 provided for the same purpose. Substantially the proceeds of $22,500,000 was available for the purpose of theological education, as against the income of $1,450,000 for medical educational use at the time the report was made in 1904. He then said that now more than ever are we impressed with the force of another expression, "Help yourself and heaven will help you."

MEDICAL VAGARIES—CHRISTIAN SCIENCE, ETC.

With this showing for education for ministers it would seem that the time might come when we would have a ministry well educated in the various branches of science, so as to understand that scientific problems will be solved only by fixed laws. I believe this is true of most of the denominations of our day, but as fast as one denomination becomes educated in this way it seems that another will spring up and clamor for the clergy to take charge of the sick. During the present year I have been seeing reports that some church people in Boston (which city seems to be the storm center of religious healing), have secured the services of physicians to examine people and select the cases who are suffering with functional diseases so that they may heal those and not be driven to defend themselves against the mistakes of the Christian Scientists, who have ignorantly assumed control of sick people and prevented them from being attended by a physician until they were lost or had infected whole communities with contagious diseases. It seems to me that it should be well enough understood at this time that suggestive therapeutics is as potent for evil, if wrongfully applied, as it is for good if rightly applied, and that we should have no trouble to convince legislators of the danger to the ignorant and the innocent. This is a religious belief, or fad, and dangerous as it undoubtedly is, coupled with the fact that this sect has millions of money back of their effort for recognition, we must realize that the fight is not over, even though their rights as healers in Texas will end July 12, 1908.

GROWTH OF MEDICAL ORGANIZATION IN TEXAS.

Under the management of the Board of Councilors we have seen our organization grow from a membership of 366 to 3117, as shown by the Secretary's report of this year. This growth has been gradual after the first year following the reorganization, and is the direct result of the effort of the councilors who have served from year to year. I can not refrain from mentioning the names of some of them in this connection: Dr. W. B. Russ, of San Antonio, has served as chairman of this board for the entire time, and his work needs no commendation from me as you are fully acquainted with it. Dr. Holman Taylor, of Marshall, has served as a member and secretary since the Council was created; the great work in the Fifteenth district speaks for itself; then there is the dictator of the Seventh district, Dr. T. J. Bennett; Dr. Jno. T. Moore, of the Ninth district, and others who have very successfully organized their districts. We have seen the reorganized profession live through its infancy without a loss of interest, as was predicted by some, and if such men as those mentioned are kept at the helm you may look for greater things in the future. It was feared by some that interest in our local, or district societies, would abate with the increased interest in the State Association. This has not been the case. In fact, it is my information that these societies have increased in numbers and interest in scientific work since adopting the plan of affiliation with the State Association. With this showing it seems that we may look upon the future of this Association with confidence.

A BOARD OF HEALTH—THE GREATEST NEED OF THE PEOPLE OF TEXAS.

Historians have been accustomed to divide the history of the race into several ages—the pre-glacial age, the stone age, the bronze age, the iron age, etc. The progress of mankind is equally well marked by the gradual recognition of its great foes. The ancient cave dwellers have left evidences of their terror of their

earliest and greatest foes—wild animals. Such fear is still extant and the commercial loss still considered, as illustrated by the $100,000 wolf bounty act, which passed one house of our last Legislature. As human migration increased the elements as enemies to mankind, the winds, waves, volcanoes and earthquakes were looked upon with horror and deified. This recognition of the elements as destructive agents still remains, as witnessed by our National Weather Bureau with its large appropriation. As men multiplied, human enemies assumed the first place. The support of our army and navy and our Texas home guards, for which the last Legislature appropriated $52,320 for two years, also our elaborate system of criminal laws, sheriffs, constables and courts, demonstrate the importance in the public mind of protection from human enemies.

We are entering a new era. In place of animals, the elements or mankind, a microscopic vegetable organism has been demonstrated to be the greatest foe of human and animal existence. This foe has been a matter of scientific demonstration. It is no less potent because unseen. A universal realization of its menace and importance must depend upon the activity with which scientists inform the public. Against this enemy there is at present no adequate popular information; there is being maintained no national army, and in the State of Texas there is established no efficient State bureau. For a better education of our people, and the establishment of such a State organization, I earnestly plead.

The appalling necessity of such action is in general well stated by a national public health organization. "For a nation to permit great wastes to go unchecked is more than a suicidal policy, for an evil more destructive than race suicide is *race homicide.* There are four great wastes today, the more lamentable because they are unnecessary. They are *preventable death, preventable sickness,* preventable conditions of low physical and mental efficiency, and preventable ignorance. The magnitude of these wastes is testified to by experts competent to judge. They fall like shades of night over the whole human race, blotting out its fairest years of happiness.

"The facts are cold and bare—1,500,000 persons must die in the United States during the next twelve months. Equivalent to 4,200,000 persons will be constantly sick; over 5,000,000 homes, consisting of 25,000,000 persons, will be made more or less wretched by mortality and morbidity.

"We look with horror on the black plague of the Middle Ages. The black waste was but a passing cloud compared with the white waste visitation. Of the people living today over eight millions will die of tuberculosis, and the Federal government does not raise a hand to help them.

"The Department of Agriculture spends seven million dollars on plant health and animal health every year, but, with the exception of the splendid work done by Drs. Wiley, Atwater and Benedict, Congress does not directly appropriate one cent for promoting the physical well-being of babies. Thousands have been expended in stamping out cholera among swine, but not one dollar was ever voted for eradicating pneumonia among human beings. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles; in warning farmers against blights affecting potato plants; in importing Sicilian bugs to fertilize fig blossoms in California; in ostracising various species of weeds from the ranks of useful plants, and in exterminating parasitic growths that prey on fruit trees. In fact, the Department of Agriculture has expended during the last ten years over forty-six millions of dollars. But not a wheel of the official machinery at Washington was ever set in motion for the alleviation or cure of diseases of the heart or kidneys, which will carry off over six millions of our entire population. Eight millions will perish of pneumonia, and the entire event is accepted by the American people with a resignation equal to that of the Hindoo, who, in the midst of indescribable filth, calmly awaits the day of the cholera.

"During the next census period more than six million infants under two years of age will end their little spans of life while mothers sit by and watch in utter helplessness. And yet this number could be probably decreased by as much as one-half. But nothing is done.

"The States' rights doctrine can not be applied against a department of health. It is not, then, a question of constitutionality, but, rather, of whether or not such a department is needed by the nation.

"The logic that justifies an annual appropriation of $2,000,000 for a life-saving service against the accidents of the sea should justify protection against accidents of disease and death."

PRESENT PUBLIC HEALTH FORCES.

As stated, we now have no National Department of Public Health, although the American Medical Association, and one State, the Ohio State Medical Association, have so far, taken steps to urge its establishment. The only agency which is at present maintained at national expense is the Public Health and Marine Hospital Service.

In the State of Texas in 1891 there was passed a quarantine law for the purpose of protecting the coast counties and interstate lines against one disease—yellow fever. In 1901 the name of this quarantine department was changed to the Department of Public Health and Vital Statistics. We have a State Health Officer and the State laws recognize municipal and county health officers, but their work is independent and distinct, and the statutes grant inadequate power to successfully cope with public health problems. At present there is no authority for the unification or direction of some 400 independent health officers by the State Health Officer or a central Board of Health. The qualifications of such officers, their position, authority and importance is so little understood and appreciated that in one of the principal cities of the State, within the last two years, the chief of police was given control and direction of the health inspectors of the city. The examples of conflicting authority of the health officers of Webb and Nueces counties refusing to allow funerals to pass across the county line in a time of epidemic, the establishment of senseless regulations like the fumigation of newspapers a few years ago in the San Antonio epidemic, the absence of any authority to require railway postal clerks to be vaccinated, etc., are familiar and recent examples of the utter inadequacy of the present means of protecting the public.

THE IDEAL AGENCY.

A vast improvement in present conditions might be made in many ways. The ideal reform would be the establishment of a State Board of Health. As shown

before, this Association in the admirable article of Dr. Woldert two years ago, which went into a detailed review of the boards of health of the different States, a typical board of health is composed of seven members; the president or secretary is ex officio executive officer of the board, and usually appointed by the Governor. This board is supported by an annual State appropriation, which, considering the population and extent of Texas, would for this State be not less than $20,000 per year. The appointment of this board should be supplemented by new legislation, giving authority to the board to enforce a State sanitary code as well as to unify and direct the action of municipal and county health officers.

The first board of health in the United States was that of Louisiana in 1850, which was organized like the present Texas department, to fight yellow fever. The second was in Mississippi in 1869, then the two boards of Pennsylvania, and later the boards of Maine, New Jersey, Michigan, Illinois, Indiana, Kentucky, etc., and lastly Oklahoma. Idaho is at present the only State with no public health department, and next above the zero point is Texas, with next to nothing.

THE SCOPE OF A BOARD OF HEALTH.

The first step in awakening the public to a realization of the need of a Board of Health is to impart an understanding of the vast number of conditions requiring such control. A glance at the sanitary codes of other States will furnish an index to the conditions usually supervised by such a board. Our present State Health Officer, although not authorized nor empowered to enforce rules along many of these lines, has recently begun drawing up such a sanitary code. Much of this has been published in our State Journal during the past year. Behind this code there is a statutory authority to enforce railway sanitation, and a very imperfect law authorizing the collection of vital statistics. In beginning to enforce this last law our State Health Officer has had the discouragement of adverse decisions to its constitutionality and the absence of appropriation. With these almost insurmountable difficulties, he has for the first time in the history of Texas begun the attempt to accurately compile the vital statistics of this State. The rest of the sanitary code promulgated by him has behind it for its enforcement nothing but the force of his official authority assisted by public sentiment.

The following is an outline of the conditions requiring the oversight of public health officials, rules controlling which form the State Code of Health:

1. Removal of dangerous nuisances, pig pens, closets, sewage, night soil, garbage, etc.
2. Control of asylums, prisons, theaters, railway stations and public buildings in general.
3. Circulation and publication of printed matter for popular education regarding the methods of spread, and means of control, of infectious and contagious diseases.
4. Promulgation of rules for the detention of sick school children, for the closure of schools, and general rules regarding the hygienic surroundings of school children.
5. Direction of courses in hygiene in public schools.
6. Education of the public concerning the perils of venereal diseases.
7. Issuance of educational information to women regarding the early detection of cancer.
8. Enforcement of compulsory vaccination of school children, railway clerks and public officials.
9. Enforcement by physicians, nurses and midwives of means for the prevention of blindness.
10. Establishment and enforcement of proper domiciliary quarantine.
11. Enforcement of proper sanitation, fumigation, etc., on railway trains.
12. Establishment and enforcement of rules for screening water tanks, hospitals and all public buildings.
13. Inspection and rules looking to the safety of public buildings, theaters, etc.
14. Regulating the location of slaughter pens, stock yards, tanneries, bone boiling establishments, etc.
15. Regulations concerning the location of cemeteries and the burial and transportation of dead bodies.
16. Prevention of the pollution of water supplies, rivers, springs, wells, etc.
17. Sanitary regulation of industrial camps.
18. Regulation of the manufacture of serums, vaccines and antitoxins.
19. Supervision of dairies and food and drug manufactories.
20. Inspection of dairy and food products.
21. Scientific hygienic inspection of schools and examination of school children.
22. Interstate notification of infectious diseases.
23. Establishment of standard State disinfection methods.
24. Scientific efforts for the destruction of flies and mosquitoes.
25. Establishment and maintenance of border quarantine when necessary.
26. Inspection of Federal quarantine methods upon our borders.
27. Advocacy and supervision of improved medical legislation as required by advances in scientific medicine.
28. Collection and compilation of accurate State vital statistics.

This might be further extended, but is given to show the vast field open to the work of a Board of Health.

THE INDUSTRIAL VALUE OF PUBLIC HEALTH PROTECTION.

The industrial value of public health protection can only be seen from accurately compiled vital statistics. The present system in Texas is so imperfect that it has not hitherto been recognized by the United States Census Bureau.

Accurate vital statistics have been compiled in Europe for a long period. European boards of health are the most efficient in the world. In most European countries documentary evidence and statistics relating to births, deaths and marriages occupy an important legal position, as well as being of great value to sanitarians. As pointed out by Counsel General R. P. Skinner, "Every American who has had occasion to contract marriage in Europe can speak most feelingly of the embarrassment" resulting from his inability of proving the date or place of his birth. At present there is not a State in the Union that enforces its birth reports with sufficient accuracy to be said have real registration of births. In 1902 a resolution was passed by Congress appealing to the States for a uniform system of registration. At present only one-fifth of the population of the United States is included in States accurately compiling vital

statistics. In 1905 the registration area consisted merely of Maine, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Michigan and Indiana. In 1906 were added Pennsylvania, Maryland, South Dakota, Colorado and California. In 1907 complete laws were enacted which will probably bring Minnesota, North Dakota and Wisconsin into this list. Efforts will be made in Kentucky, Ohio and Virginia to secure adequate legislation in 1908, and Illinois and Kansas have already announced an attempt to secure it in 1909. Adequate vital statistics legislation was urged by the American Medical Association in 1903, at New Orleans, when an appeal was made to State societies to foster such State movements. In 1907 the American Medical Association, at Atlantic City, appointed a committee of five to advance this movement by the adoption of better nomenclature and classification of diseases. Present State laws have been secured in nearly every instance by medical societies, boards of health and physicians. The legal profession should equally be interested, and if properly informed could be counted on for material support in a movement of this kind in Texas. The present vital statistics law in Texas is not so defective, had the Legislature provided an appropriation for this work. All compilation now done by the State Health Officer is by private subscription. As an illustration of the value of vital statistics and the light they throw upon the industrial value of public health protection, I present the following statistics from the United States Census Reports of 1905 and 1906:

TYPHOID FEVER IN THE REGISTRATION AREA.

Thirteen thousand one hundred and sixty deaths from typhoid occurred in the United States in 1906. For the years 1901-1905 the comparative death rates from typhoid in the United States and other countries was as follows:

	Per 100,000 Population.
United States	33.7
England and Wales	12.9
Scotland	12.7
Ireland	14.2
Germany	8.5
Norway	6.2
Sweden	12.2
Switzerland	6.5
Italy	7.8

These death rates are very nearly proportional to the efficiency of the public health control in the various countries. In Prussia, with her low typhoid percentage, this disease is estimated to cost $1,600,000 per year.

SMALLPOX.

The prevalence of smallpox in various countries likewise demonstrates the value of public health control. Deaths from smallpox in the various countries for the years 1901-05 were:

	Per 100,000 Population.
United States	3.7
England	2.5
Germany	0.1
Spain	26.6
Italy	9.3

In England, where compulsory vaccination had existed for years, but later a conscience clause was adopted, the death rate has in reeent years fluetuated between 0.3 and 7.5. As showing the industrial value of public health protection in various States in the Union, the Kentucky State Board of Health reports that typhoid cost that State in two years in time and money $963,750; smallpox in five years attacked 21,616 people with 300 deaths, at an expense in time and money of $1,227,435. The State Board of Health of Illinois estimates the loss from tuberculosis alone in that State at $36,551,000 per year. Health authorities conservatively estimate that the loss from tuberculosis in the United States in one year is between $400,000,000 and $500,000,000. Dr. Albert Woldert, in the absence of accurate statistics, has estimated that the cost of malaria to the people of Texas every year is $10,000,000 and a similar estimate of 3000 deaths from tuberculosis in this State and the eost as estimated by other boards of health would reach $25,000,000.

In the light of the incontrovertible statistics of State boards of health, I wish to lay down the startling but definite statement that *State aid to prevent suffering and loss from disease is the greatest need of our people, that it can be demonstrated that in a period of years a human life can be saved for every dollar spent on a board of health.*

RESULTS OF BOARDS OF HEALTH IN OTHER STATES.

In the absence of any data from Texas, I am compelled to refer to some of the oldest and best conducted boards of health to demonstrate to you the wonderful value of this work.

I here present the typhoid fever record of Indiana for 1905, Chart No. 1.

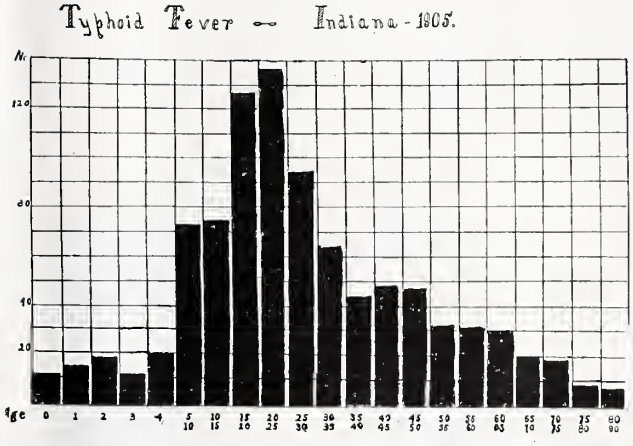


Chart No. 1.

This shows what ages typhoid attacks the human race. Nine hundred and twenty-eight deaths in that year occurred in Indiana. In the vast majority of cases individuals were attacked between 10 and 35 years of age, a period at the height of their industrial and social activity.

Chart No. 2 shows the deaths from tuberculosis in the State of Indiana for the year 1905. There were 4492 deaths, at the rate of 15 per 10,000. The board of health estimated that by proper management the death rate should be but 1 in 10.000, or 1-15 of the present rate, it being possible to decrease the number of cases in still greater proportion. This table resembles the typhoid table, showing that tuberculosis is a disease which attacks mankind principally between the

ages of 15 and 40. The number of female deaths was nearly twice that of male deaths; 987 mothers died between the ages of 18 to 40, and 315 fathers of the same age. There were 2694 orphans left under 12 years of age and by these deaths 3307 homes were invaded.

For further comparison I select the State of New Jersey, which for years has had an efficient board of health. In its maritime position, the prevalence of mos-

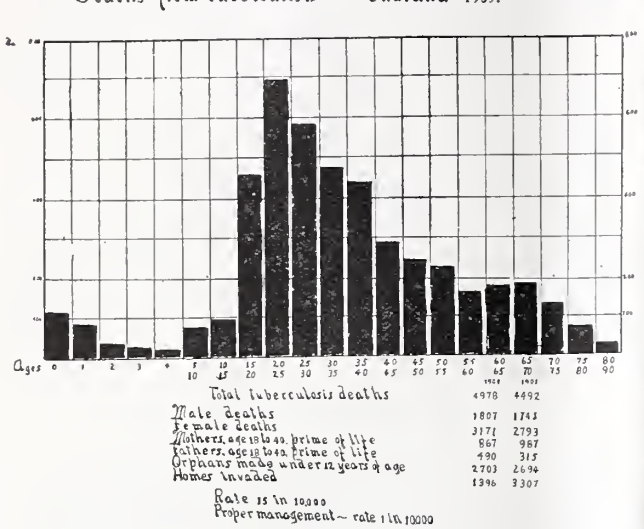

Deaths from Tuberculosis — Indiana 1905.
Ages
Total tuberculosis deaths 4978 4492
Male deaths 1807 1745
Female deaths 3171 2793
Mothers, age 18 to 40, prime of life 867 987
Fathers, age 18 to 40, prime of life 490 315
Orphans made under 12 years of age 2703 2694
Homes invaded 1396 3307
Rate is 1n 10000
Proper management — rate 1 in 10000

Chart No. 2.

quitoes, and a population practically the same as Texas, the smallest State in the Union resembles the largest. From their reports I present the following charts:

The irregular line in Chart No. 3 shows how the efforts at drainage, mosquito destruction and home protection have resulted in a wonderful reduction of the death rate from malaria. In 1881 there were 3.74

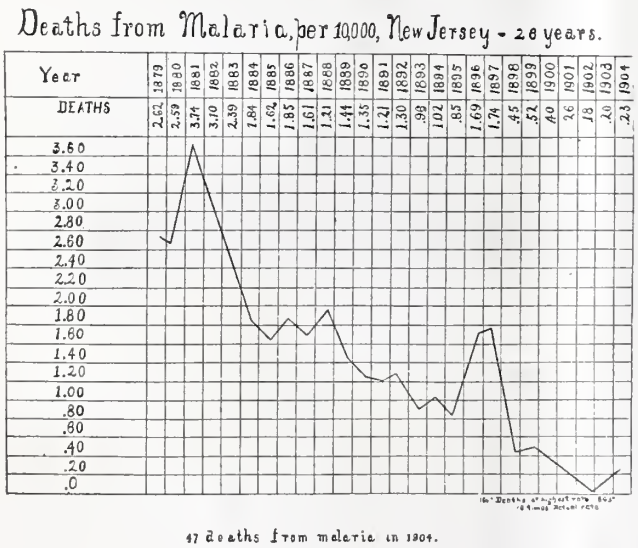


Chart No. 3.

deaths per 10,000 from malaria; in 1902 the death rate was close to nothing, and in 1904, .23 per 10,000. If in 1904 the death rate had been at the former high rate there would have been 845 deaths from malaria in place of 47, or eighteen times the present death rate, which shows a saving of over 800 lives per year from this disease alone.

Chart No. 4 shows the deaths from typhoid fever in New Jersey for twenty-six years. Between the years 1879 and 1882 this death rate increased from 3.17 to 7.43. The rate under the regulation of the board has gradually and uniformly decreased until in 1904 it was 1.87 per 10,000. In 1904, 384 lives were lost. The old death rate was two and one-fourth times the present. At the new death rate 480 lives are annually saved from this disease.

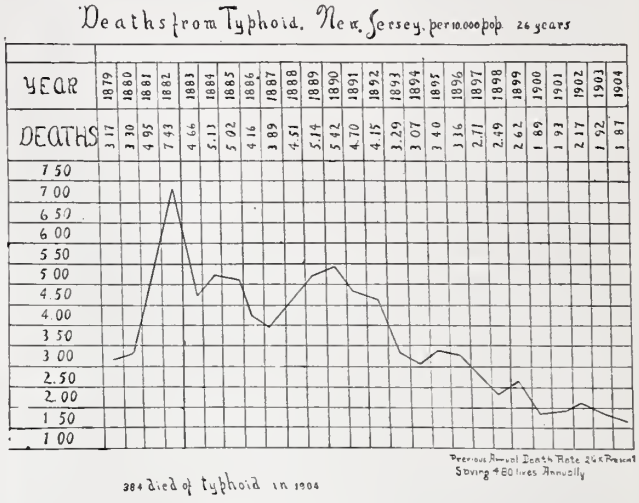


Chart No. 4.

Chart No. 5 shows the deaths in New Jersey among children under 5 years for each 10,000 population. In 1882 the highest death rate was reached—88.36 per 10,000. Under the administration of the board the death rate has decreased, until in 1904 it was but 53 in 10,000, at which rate 10,913 children under 5 years died, 2354 of these from diarrheal diseases. During

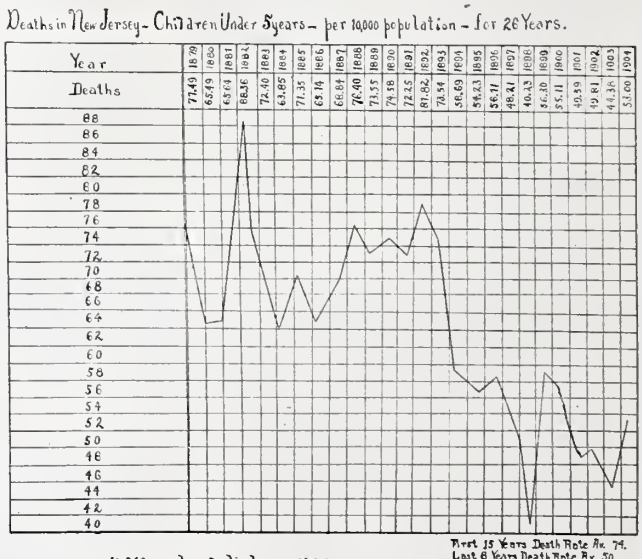


Chart No. 5.

the first fifteen years the death rate averaged 74. During the last eight years, 50. The difference in the death rates of these periods shows an annual saving of 5456 children's lives.

Chart No. 6 shows deaths from diphtheria per 10,000 population in New Jersey. The most interesting fea-

ture is the fairly uniform death rate from 1879 to 1893, at about which time antitoxin was beginning to be more universally applied. Since that time the death rate has decreased to one-third the former average. At this low death rate 819 died in 1904. It may be said that in this one State the application of this remedial agent has saved not less than 2400 lives a year.

Chart No. 7 shows the deaths from tuberculosis in

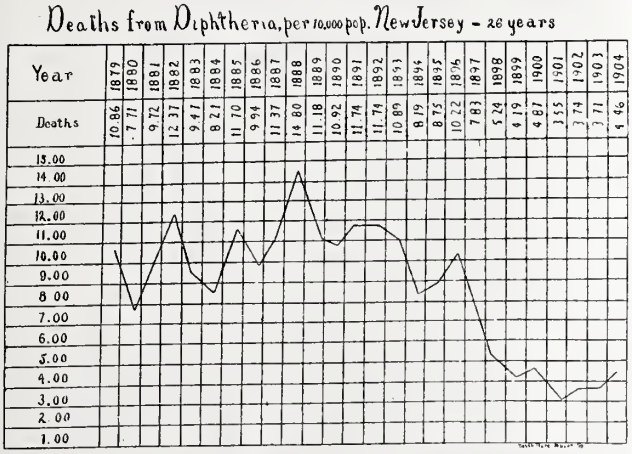


Chart No. 6.

New Jersey per 10,000 population. Unlike the previous chart, where the saving in human life resulted largely from the general professional application of a remedy, this chart demonstrates the value of public education. In 1882, at about the time the *Bacillus tuberculosis* was discovered, the death rate was 29.21 per 10,000. Since that time, and especially since 1890, when more active measures were instituted, the death rate has decreased in an almost continuous ratio, reaching in 1902 a death rate of about 10 per 10,000 and

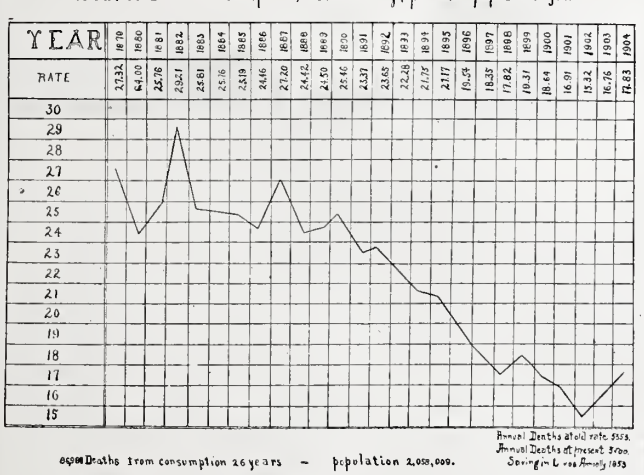

Deaths from Consumption, New Jersey, per 10,000 pop. for 26 years.
YEAR
RATE
Annual Deaths at old rate 5353.
Annual Deaths at present 3500.
Saving in Lives Annually 1853
Deaths from consumption 26 years - population 2,058,000.

Chart No. 7.

rising, it is believed, because of the climatic changes of 1904, to 17.83. In twenty-six years, among a population practically the same as Texas, 86,986 deaths from consumption occurred. At the old death rate 5353 deaths per year would now be expected. At the present rate 3500 deaths occurred in 1904. Public education then may be said in New Jersey to have resulted in the saving of 1853 lives per year from tuberculosis.

The following charts taken from the reports of the Michigan Board of Health have been selected because of the peculiar local conditions—certain portions of that State being under the supervision of the State

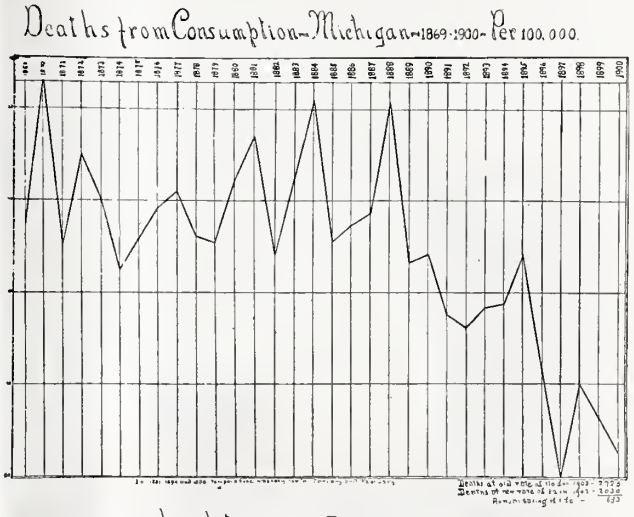


Chart No. 8.

board of health and certain portions of the State independent of board control. This enables a most interesting local comparison to be made.

Chart No. 8 shows the deaths from tuberculosis in

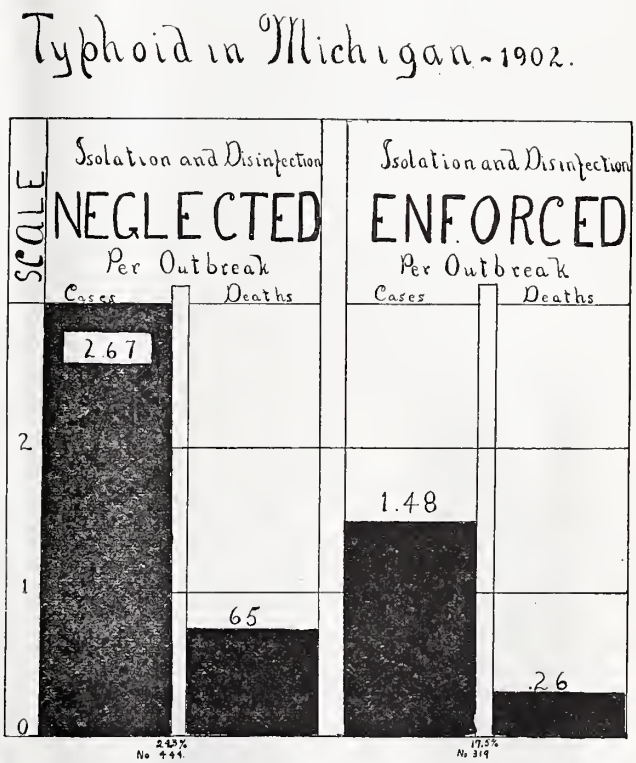
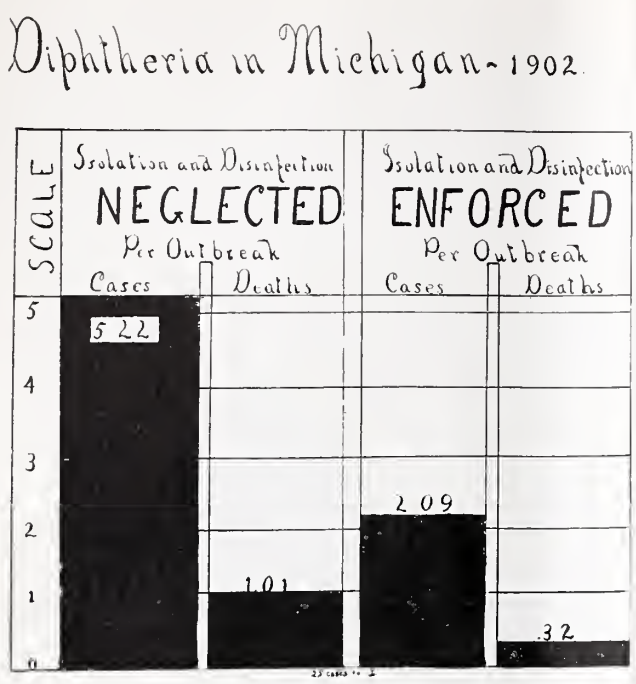


Chart No. 9.

Michigan, per 100,000. About 1888, almost the exact year when the New Jersey death rate declined, a similar reduced death rate resulted in Michigan. It is believed to have continued largely through public education.



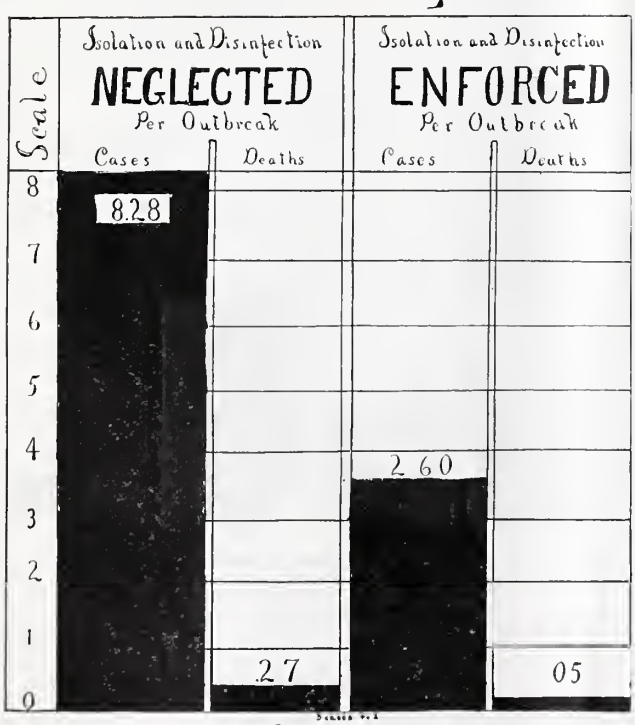
464 Outbreaks
1609 Cases
290 Deaths

Chart No. 10.

Inspection of Chart No. 9 shows the prevalence of typhoid fever in Michigan in 1902. The left half of the chart shows the cases and deaths in the neglected districts. The right half of the chart the cases of typhoid fever and deaths therefrom in the localities controlled by the board of health. The outbreaks in the neglected districts average 2.67 cases per outbreak with .65 deaths. In the controlled district the outbreaks averaged but 1.48 cases, with only .26 deaths per outbreak. The death rate in the neglected districts was 24.3 per cent, with 440 deaths. In the controlled district the death rate was 17.5 per cent with 319 deaths. The difference in the two districts shows a saving of 135 lives.

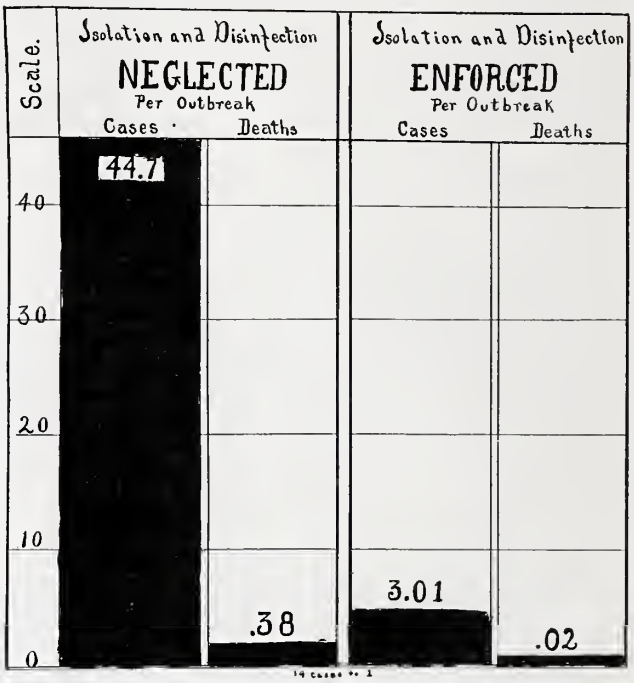
Chart No. 10 shows the prevalence of diphtheria in the neglected and controlled districts of Michigan. It will be seen that those in the neglected districts had two and one-half times as many cases with about three times the death rate.

Chart No. 11 shows the prevalence of scarlet fever in the neglected and controlled districts of Michigan.



930 Outbreaks
1204 Cases
148 Deaths

Chart No. 11.



678 Outbreaks
9686 Cases
104 Deaths

Chart No. 12.

There were three times as many cases per outbreak in the neglected, as in the controlled districts, and the death rate was about five and one-half times as great.

Chart No. 12 shows a similar condition of affairs in the case of measles in Michigan. While the death rate from measles is never immediately great, its secondary effects are among the most disastrous of the diseases of childhood. In the neglected districts the number of children affected in each outbreak was fourteen times as great as the number affected in the controlled districts, while the death rate was nineteen times as great.

THE TIME TO SECURE A STATE BOARD OF HEALTH.

The coming year is the psychological moment in my opinion for securing a State Board of Health for Texas. Our State Constitution adopted in 1875 says: "The Legislature may provide by law for the establishment

of a Board of Health and Vital Statistics under such rules and regulations as it may see proper."

Recently the South called its State health officers and its quarantine authorities to the Chattanooga conference. There every Southern State was represented except Texas. This conference petitioned Congress for national control of maritime quarantine as being in their opinion the only method for the satisfactory control of yellow fever. Texas has been the last State to voluntarily yield to United States inspection.

The national government has now established on our borders inspectors at national expense, and it only remains for our State health authorities to inspect and co-operate in this work. Formerly Texas spent $50,000 annually from her treasury, besides taxing the shipping reaching our coast to help pay for our quarantine inspection. The assumption of this work by the United States government makes this expenditure no longer necessary or justifiable. It places our State Health Officer, who is essentially a yellow fever quarantine official, with no particular power or function.

The growth of scientific information regarding contagion has now reached a magnitude and a public recognition which demands an immediate organization of a State Board of Health for Texas, a body empowered to enforce a State sanitary code and to unify and direct county and municipal health officers.

TRANSACTIONS.

STATE MEDICAL ASSOCIATION OF TEXAS.

CORPUS CHRISTI MEETING, MAY 12, 13, 14, 1908.

Opening Program.

The fortieth annual meeting of the State Medical Association of Texas was officially opened by the President, Dr. C. E. Cantrell, of Greenville, at the Pavilion, Corpus Christi, May 12, at 10 a. m. The Trustees and ex-Presidents of the Association were called to the rostrum. The audience, numbering between 700 and 800 people, consisting of delegates, guests and residents of Corpus Christi, was led in prayer by Rev. H. E. Springall, of Corpus Christi. Senator John G. Willacy, of Corpus Christi, was introduced. He represented the mayor in an address of welcome to the city, and said:

SENATOR WILLACY'S ADDRESS.

I am delighted in being chosen by the people of Corpus Christi to welcome within the gates of Corpus Christi the representatives of one of the greatest intellectual bodies in the country. I am bid, not only to welcome you within the gates of this city, but within the gates of our homes and particularly within the gates of our hearts.

Your profession stands alone and distinct in its own particular sense in this great social fabric we call society. You have a profession that demands character. You have a right to require of every member who proposes to practice your profession that he has character. It is requisite that any man admitted to the homes of men upon the terms that you are admitted, shall have honor. You have a right to demand of any man who undertakes to practice your profession that he brings with him the first requisite of men—honor. There never was a class of men upon whom there was more incumbent than upon him who practices medicine. (Applause.) There never was a class of men upon whom so much is dependent and from whom was expected by the people of this land as much of charity as they expect and receive from you. (Applause.) Every man, no matter what his station, whether it be of the highest or of the lowest in the social scale, has a right to expect efficiency upon the part of him who tenders him medical service. And it may be that in the humble cottage at the turning of the lane, the hand of suffering may have fallen, or it may be in the castle upon the hill, but when the call goes forth asking for your services it matters not which it is. Though in the cabin there may be but a single dollar and in the castle upon the hill there may be unlimited wealth, still the humble messenger from the cabin as well as that messenger from the castle stands upon an equal footing before you and your profession. The call of the cabin is answered just as promptly and as cheerfully as the summons from the castle. I say that that is one of the noblest sentiments that ever entered the bosom of man. I say further that an association of such men and such women as this has a right—has a right to demand of those who pretend or those who intend to practice your profession—you have a right to demand of them that efficiency and honor which you yourselves can offer. One of the grandest things and one of the greatest legacies that ever came to a noble people was that which came to you when you gentlemen organized your State Medical Association, not alone for your own protection, but for the protection of the people of this State. (Applause.) And I say to you that an association of men, honorable men and men of character and intellect like you, have a right to be heard by the government of this land. (Applause.) Though it be that some people would undertake to impose their services upon the thoughtless and unthinking people, I say that while it is true that no man has a right to deceive his neighbor, it is also true that no government has a right to permit a man to deceive his neighbor. (Great applause.) I say that this Association and associations such as this, representing as they do the intellect of the land, composed of men who have gone out and studied to perfect themselves and who have answered the calls of charity from your experience and knowledge, you gentlemen must and will be protected. (Applause.)

Without imposing upon your time, we all know that there are some very beautiful theories of healing abroad; some of them are very attractive. It is a pretty thought, if it could be proven effective, when a man has a broken neck or a broken heart or a broken arm, just to convince himself that he is bodily whole—it is a beautiful theory. (Laughter and applause.)

* * * * * * * * * * *

Ladies and gentlemen, once more permit me to welcome you, not only within the corporate limits of this city, but within the limits of our homes and within the boundaries of our hearts. We are glad to have you with us. We only hope that during the few short hours that destiny has been kind enough to lend you to us, that there will spring from it some sweet memory that you will take away such, as I know you will leave with us. I hope the memories you will carry away will be strong enough to, some time in the not distant future, draw you back again to Corpus Christi. I thank you. (Great applause.)

Dr. A. E. Spohn, Corpus Christi, addressed the assembly on behalf of the Nueces County Medical Society, and said:

DR. SPOHN'S ADDRESS.

I must first thank my medical conferees of our local society for the great honor conferred in affording me the opportunity of welcoming you to our city and community. When we asked you to hold your next meeting in Corpus Christi, we scarcely dreamed of such a realization. To have you with us, meet you face to face, know you personally and be able to entertain you, is one of the most important events ever having occurred in our section of the State.

An organized army of scientists representing the great regular medical profession of the world, a profession with a creed dating back many centuries before the Christian era, in coming down through the ages, wherever disease, pestilence or danger existed, they were found devoting their lives, scientific investigation and discoveries without remuneration to the prevention of that disease, relief of suffering and prolonging human life. We know it is to this combination of organized energy that we owe everything beautiful in life: Our social, political and financial advancement; for where disease continues to exist the people will soon become weary of living.

The great problem throughout the world at the present day is the prevention of disease and improvement in sanitary conditions, that the inhabitants may be healthy, prosperous and happy and life made worth living. There is no one condition so conducive to the prosperity of our State, cities and homes as the observance of the sanitary regulations recommended by your Department of Public Health. We hope your de-

liberations may be productive of great results in the advancement of the science of medicine. We realize the fact that our little city is remote from the most populous centers, that many of you have traveled long distances and been put to considerable inconvenience, but you have reached the spot which seems to have been specially designed by nature as a suitable place for the habitation of man; a place almost free from disease, all that the sanitarian could desire; in a land of sunshine, the perpetual home of the beautiful flowers.

Here you may enjoy your outing, sail over the placid waters of our bay, plunge beneath the silvery waves, roam over the velvety sand, inhale the invigorating sea air and enjoy the balmy breezes which fan the cheeks of health from infancy to old age.

Did you feel the gentle zephyrs
While you still were on your way,
Greeting you with welcome kisses
As you neared our lovely bay?

They were echoes from the wavelets,
Wafted o'er the balmy breeze;
You were nearing Corpus Christi,
City of the bluff and seas.

Did you hear the lingering murmur
And the low and distant roar?
'Twas the welcome of the ocean
Dashing 'gainst the pebbly shore.

"Do we always have those breezes?"
"Do they never cease to blow?"
Yes, they're constant, always with us,
Fan our cheeks to ruddy glow.

In this clime of health and beauty,
In this land of tropic sun,
Gentle breezes ever fan us
Till our race of life is run.

And when called to leave our station,
We are ready for that hour—
Lived a life of earthly pleasures,
Die as dies the natural flower.

Ladies and gentlemen, we welcome you to our city; we welcome you to our homes. What is your pleasure will be our pleasure. It is our desire that your stay with us may be one unbroken chain of health, recreation and enjoyment; that when you return to your homes you may be accompanied with pleasant remembrances of Corpus Christi and a lingering, longing desire to return, that our pleasure in welcoming you may be doubled.

Dr. C. E. Cantrell then delivered the Presidential Address, printed in another column, at the close of which the joint session stood adjourned.

MINUTES OF THE HOUSE OF DELEGATES.

OPENING SESSION, MAY 12.

The House of Delegates was called to order at the Elks' Hall, Tuesday, May 12th, at 4 p. m., by Dr. C. E. Cantrell, President. Dr. I. C. Chase, Fort Worth, Secretary, was assisted in his work by Dr. Holman Taylor, Marshall, and the official stenographer was Mr. C. R. McGinnis, of Fort Worth.

Roll call by counties and the presentation of credentials was first in order. Considerable discussion was elicited by request for the seating of several county representatives whose regular delegates and alternates were absent. The following representatives were seated without constitutional credentials:

Wichita County—Dr. S. H. Burnsides, Wichita Falls.
Potter County—Dr. E. A. Johnson, Amarillo.
Johnson County—Dr. D. Strickland, Cleburne.

The following counties and delegates were registered; of these seventy-two delegates and ten ex-officio members of the House of Delegates were present at the opening session and a quorum for the transaction of business was announced:

COUNTY REPRESENTATIVES IN THE HOUSE OF DELEGATES.

Anderson—E. B. Parsons, Palestine.
Austin—Walter T. Brown, Wallis.
Bee—G. M. Stephens; Beeville.
Bexar—Russell Caffery, San Antonio; Robt. E. Moss, San Antonio.
Bosque—R. L. Kimmins, Iredell.
Bowie—S. C. Ball, New Boston.
Brown—Thos. A. Morrison, Grosvenor.
Burleson—R. E. Bledsoe, Somerville.
Cameron—H. K. Loew, Brownsville.
Clay—J. H. Ferris, Henrietta.
Collin—J. E. Hunter, McKinney.
Colorado—F. O. Norris, Eagle Lake.
Comal—L. G. Wille, New Braunfels.
Comanche—W. J. Westbrook, Sipe Springs.
Coryell—Ed Graves, Gatesville.
Dallas—E. H. Cary, Dallas; A. W. Carnes, Hutchins.
Denton—F. U. Painter, Pilot Point.
Donley—J. D. Stocking, Clarendon.
Ellis—W. P. McCall, Ennis.
Erath—A. O. Cragwell, Dublin.
Fannin—R. E. Martin, Bonham.
Fayette—Chas. J. Schramm, Fayetteville.
Fort Bend—J. S. Yates, Rosenberg.
Freestone—W. P. Harrison, Teague.
Foard—A. C. Cates, Crowell.
Galveston—M. L. Graves, Galveston.
Goliad—R. W. Smith, Goliad.
Gonzales—J. H. McCaleb, Gonzales.
Grayson—J. T. Wilson, Sherman.
Grimes—J. W. Falvey, Ulmer.
Guadalupe—R. F. Knolle, Seguin.
Hale-Swisher-Floyd-Lubbock—H. D. Barnes, Tulia.
Hardin—Lee Selman, Olive.
Harris—A. Philo Howard, Houston.
Harrison—Rogers Cocke, Marshall.
Hall—J. M. Ballew, Memphis.
Henderson—Percy Larkin, Athens.
Hill—B. H. Vaughan, Hillsboro.
Houston—W. W. Latham, Crockett.
Hunt—A. B. Moore, Neyland.
Jasper-Newton—J. D. Yates, Kirbyville.
Jefferson—M. F. Bledsoe, Rockland.
Johnson—D. Strickland, Cleburne.
Jones—D. L. Stephens, Anson.
Karnes—A. M. Anderson, Kenedy.
Kaufman—B. J. Hubbard, Kaufman.
Kerr-Kendall-Gillespie-Bandera—C. C. Jones, Comfort.
Lampasas—J. E. Dildy, Lampasas.
LaSalle-Frio—Houston Neeley, Pearsall.
Madison—J. E. Morris, Madisonville.
Marion—J. A. R. Mosley, Jefferson.
Matagorda—J. E. Simons, Bay City.
Maverick—A. H. Evans, Eagle Pass.
McCulloch—W. M. Fenley, Menardville.
McLennan—J. W. Hale, Waco.
Medina—J. H. Fletcher, Hondo.
Milam—Jno. L. Denson, Cameron.
Montague—J. T. Lawson, Bowie.
Montgomery—J. F. Collier, Conroe.
Morris—D. J. Jenkins, Daingerfield.
Nolan-Fisher—J. D. Davis, Roby.
Nueces—T. J. Turpin, Corpus Christi; H. G. Heaney, Corpus Christi.
Palo Pinto—E. P. Bass, Mineral Wells.
Polk—B. C. Marsh, Livingston.
Potter—E. A. Johnston, Amarillo.
Robertson—Jno. H. Petty, Franklin.
Rockwall—Jas. F. Corry, Rockwall.
Runnels—Thos. A. Rape, Ballinger.
Rusk—W. P. White, Rusk.
Sabine—T. B. Morgan, Bronson.
Stephens—J. O. Broekman, Breckenridge.
Tarrant—W. B. West, Fort Worth; Bacon Saunders, Fort Worth.
Travis—F. E. Daniel, Austin.
Uvalde-Edwards—I. N. Campbell, Utopia.
Van Zandt—W. H. Robertson, Canton.
Victoria-Calhoun—R. R. Hopkins, Victoria.
Walker—B. F. Gibson, Huntsville.
Waller—W. C. Osborne, Monaville.
Washington—J. R. Williamson, Brenham.
Webb—J. T. Halsell, Laredo.
Wharton-Jackson—J. M. Andrews, Wharton.
Wichita—S. H. Burnsides, Wichita Falls.
Wilbarger—R. W. Hix, Vernon.

Williamson—J. C. Anderson, Granger.
Wilson—S. Petrie, Fairview.
Wise—B. O. Wilkerson, Chico.

EX-OFFICIO MEMBERS OF HOUSE OF DELEGATES REGISTERED.

C. E. Cantrell, Greenville, President.
I. C. Chase, Fort Worth, Secretary.
C. A. Smith, Texarkana, Treasurer.
J. W. Scott, Houston, Legislative Committee.
S. T. Turner, El Paso, Councilor.
W. B. Russ, San Antonio, Councilor.
Jno. T. Moore, Galveston, Councilor.
Jas. A. Hill, Groveton, Councilor.
G. S. McReynolds, Temple, Councilor.
Holman Taylor, Marshall, Councilor.
W. E. Sturgis, Stephenville, Trustee.
S. C. Red, Houston, Trustee.
W. R. Thompson, Fort Worth, Trustee.
J. S. Lankford, San Antonio, Trustee.

The minutes of the previous meeting were approved as published in the State JOURNAL of June, 1907, on motion of Dr. S. C. Red, of Houston.

The printed program was accepted as the report of the Committee on Arrangements without motion, no member of the committee being present.

The President's Address as presented at the opening session was presented to the House of Delegates without reading.

On motion of Dr. H. D. Barnes, of Tulia, the reports of the Secretary, Treasurer, Board of Trustees, Chairman of Board of Councilors, Committee on Insurance, Committee on Railroad Contract Practice and Report of Texas Representative of the Council on Medical Education were postponed, as announced in the program, to be presented at the general session of the first night.

The Committee on Public Policy and Legislation reported, through Dr. C. E. Cantrell, Greenville, ex-officio chairman, that no meetings of the committee had been held and no work transacted.

The Chairman of the Committee on Collection and Preservation of Records being absent, the report of the committee was passed.

The Committee on the Gate City Medical College, in the absence of the Chairman, Dr. J. M. Smith, Waukegan, reported through Dr. C. A. Smith, of Texarkana, as follows:

REPORT OF COMMITTEE ON GATE CITY MEDICAL COLLEGE.

GENTLEMEN: We, your committee appointed to collect evidence as to the legality and credibility of the Gate City Medical College, of Texarkana, Texas, beg to report as follows:

Your committee, appointed on May 24, 1907, proceeded at once to collect such evidence as was available by means of correspondence. We wrote to various parties, both in Texas and Arkansas, and received many answers to our inquiries. These answers to our letters tend to show or establish the fact that this college was, and is, in fact a fraudulent institution.

The Texas State Board of Medical Examiners later barred the graduates of this institution from examination in this State. After this action of the Board, we deemed further action on our part, in a measure, at least unnecessary, and a meeting of the committee for a personal examination of this institution at Texarkana was not called, as such action would entail considerable expense, without any apparent advantage to be gained thereby. We beg further in this connection to say that we have sought diligently to procure a catalogue of this institution, but have been unable to do so, although we have applied to the institution itself, directly and through others, and have also applied to parties residing in Texarkana, requesting them to procure and send us such catalogue, but all to no avail.

As we understand it, reputable medical colleges exchange catalogues of their institutions, and we have applied to other medical colleges to procure this catalogue but, despite our efforts in the above and other manners, we have been unable to procure a catalogue of this institution, which fact in our judgment indicates that the institution is not what it should be.

Not having made a full examination of the facts in reference to this institution for the reasons above indicated, we append hereto a report of the committee appointed by the Arkansas State Medical Association, which made a thorough investigation of said institution.

Judging from the above facts, and report above mentioned, we are of the opinion that the State Board of Medical Examiners took the proper action with reference to this institution and its graduates, and we desire to commend their action to the State Medical Association.

And we desire to further commend their action in their effort to raise the standard of medical education in Texas.

Supplemental to this report we wish to add the appended report of the committee from the Arkansas Association.

Respectfully submitted,
J. M. SMITH, Chairman;
JNO. T. MOORE,
C. A. SMITH,
Committee.

COPY OF REPORT OF COMMITTEE APPOINTED BY THE MEDICAL ASSOCIATION OF ARKANSAS.

A. In 1898 the Medical Department of Sulphur Rock College, with Dr. Decker as Dean, was organized at Sulphur Rock, Arkansas, at which place it was conducted as a preparatory school of medicine until June, 1902. In 1900, Dr. Decker applied for and received a charter from Arkansas, in virtue of which legal authority was conferred upon the school. The almost total lack of any educational requirements for admission; the professed ability to prepare students to successfully pass medical examining boards upon one or two terms attendance, and the recognition of other colleges of the certificate issued, constituted a *magnetic trinity* that did not fail to attract many students from Arkansas, Texas and the Indian Territory to this shrine of medical learning. In the language of the catalogue: "Any one who understands *fairly well* what he reads can study medicine profitably. Any person of average ability * * * can prepare himself to pass for license in one or two terms."

The length of a term is not stated in the catalogue, but by dividing a course or session into three parts, or terms of two months each, it will readily be seen with what lightning-like rapidity the rough material could be fashioned into the finished product.

Success crowned the doctor's efforts in this preparatory work so bountifully that he decided to move the school to Texarkana, and make it a regular graduating school. In June, 1902, Dr. Decker moved all the medical library, laboratory supplies and appliances, pharmaceutical fixtures, scientific apparatus, and in fact everything belonging to the medical department, to Texarkana, Arkansas. (See Catalogue 1902-3, page 5.)

As a result of the doctor's decision, the Medical Department of Sulphur Rock College was absorbed during the metamorphosis, and the Gate City Medical College and School of Pharmacy (the imago), with J. W. Decker, M. D., Ph. G., Ph. D., as Dean, was formally opened for the admission of students on the first day of January, 1903, at Texarkana, Arkansas.

B. The college building, with all appurtenances thereunto belonging, are situated on the Arkansas side of State Street.

C. On May 11, 1903, Dr. Decker obtained a charter from the State of Texas, which authorized him to organize and conduct the Gate City Medical College and School of Pharmacy, at Texarkana, Texas. Four days subsequent to the obtaining of this charter, thirty students, who had completed the course required at the Gate City Medical College and School of Pharmacy, at Texarkana, Arkansas, were graduated and received diplomas from the Gate City Medical College and School of Pharmacy located at Texarkana, Texas, the diplomas issuing from Dr. Hunt's office.

D. There were one hundred and twenty-three students in attendance upon the session just closed, thirty graduating and receiving diplomas.

E. The fees charged are:

Matriculation	$ 5 00
Professor's ticket	50 00
Laboratory fees	10 00
Graduation	25 00
	$90 00

F. So strikingly poor are the facilities for teaching modern medicine in this school, as observed upon making a

thorough personal inspection, that one is almost constrained to the belief that the dean is unfamiliar with and a perfect stranger to the highest and accepted standards of medical education and teaching, or else the representations made in the annual catalogue, in which are emphasized the many advantages offered the student who would prosecute the study of medicine in this school, were penned with a conscious and deliberate carelessness that should not be permitted to pass without receiving the severest condemnation by those of the profession who welcome the high standard of requirement of admission to our best colleges, as well as demanding the greatest possible efficiency in the graduates.

G. Anatomy has ever been considered the corner-stone of the fabric of *medicine*, and the anatomical laboratory the center about which every other branch revolves. It would be as absurd to think of an army without a general as a medical college without a cadaver within its walls; yet the Gate City Medical College and School of Pharmacy is absolutely without an anatomical laboratory where students may pursue the most important single study in the medical curriculum. Dissection was not required of the students for obvious and sufficient reasons.

H. Personal attendance upon the lectures has not been required of those who found it inconvenient to attend the first course, and a mail or correspondence course was given, for which due credit was allowed and advanced standing permitted.

I. To instruct those who desire in this honorable art of healing, for which a fee commensurate with the services rendered is exacted, is certainly a commendable and praiseworthy profession, though, indeed, a most responsible one. But a medical college organized and launched in the midst of an era of the greatest medical energy and progress the world has ever known: (a) That has practically no educational requirements for admission; (b) that is without an anatomical laboratory; (c) that is without sufficient hospital advantages, thus depriving students of the best means of studying disease clinically; (d) that does not require its students to dissect; (e) that makes false representations in its catalogues, thereby attracting many students; (f) that gives lectures by mail, for which credit is given; (g) that is conducted dually, brazenly, irregularly and unprofessionally, in a Dr. Jekyl and Mr. Hyde manner, should meet its just reward at the hands of the court.

The stigmata of fraud were so much in evidence as to warrant the conviction, that not only is Dr. Decker guilty of unprofessional conduct, meriting the unqualified condemnation of the profession, but the charter under which he is authorized to conduct his school should be summarily revoked by the Arkansas and Texas authorities, thereby putting an end to a brief but disgraceful chapter in the history of the Arkansas and Texas medical college.

It is recommended that the Miller County Medical Society immediately proceed to investigate this matter with instructions to report the result of said investigation to the council.

Signed by the Councilors who made the investigation, on the 21st day of July, 1903.

In addition to this report, Dr. C. A. Smith said that Dr. Decker and his associates were all expelled from the Miller County Medical Society; that he thought the school would not open in the fall of 1908, as the action of the Texas State Board of Medical Examiners was a solar plexus blow to the institution, but still graduates were eligible to examinations in other States. It was his opinion that charges should be preferred against the school before the Secretary of State and proceedings instituted to annul its charter.

Dr. John T. Moore, Galveston, the other member of the committee present, concurred in the fraudulent nature of the institution and in the desirability of taking steps to annul its charter.

On motion of Dr. Holman Taylor, Marshall, the report was received, the committee discharged, and the matter of instituting legal proceedings referred for action to the incoming Legislative Committee.

Dr. Holman Taylor, Marshall, Secretary of the Board of Councilors, presented the following communication, which was endorsed on motion by Dr. H. D. Barnes, Tulia:

COMMUNICATION FROM THE BOARD OF COUNCILORS.

I am directed by the Board of Councilors to inform you that Haskell and Knox counties have been continued in the Second District until such time as you may choose to take the matter under advisement again.

It will be recalled that the House of Delegates, during one of its sessions at Mineral Wells last year, and upon recommendation of the Board of Councilors removed Haskell and Knox counties from the Second to the Thirteenth District.

It has since that time developed that these two counties are the central two counties of a four county society—Jones-Haskell-Knox-King—and their removal would necessarily disrupt it beyond repair. For this reason, the Council deemed it expedient to temporarily disregard the orders of the House.

Dr. Holman Taylor, Marshall, presented the following communication from the Board of Councilors:

COMMUNICATION FROM THE BOARD OF COUNCILORS.

The Board of Councilors directs me to notify you that Dr. H. J. Hamilton has been continued in office as Councilor of the Sixth District until the date of this meeting, at which time it is expected that you will elect his successor.

It will be recalled that the office of Councilor of the Sixth District was not filled at the Mineral Wells meeting of last year, and while, as a rule, an officer holds over until his successor is elected and qualified, the Council deemed it expedient to take action in this particular case.

The action of the Board of Councilors as presented in this communication was endorsed on motion of Dr. J. C. Anderson, Granger.

The following communication was presented from the officers of the Texas State Nurses' Association.

STATE NURSES' PETITION.

The Texas State Nurses' Association herewith presents to your honorable body copy of a bill providing for the proper recognition and licensing of trained nurses in Texas. This bill is a copy of the laws of New York, New Jersey, New Hampshire, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Indiana, Illinois, Iowa, Colorado, Michigan. In practice this legislation has proved of great assistance in maintaining a high standard of efficiency among graduate nurses, as well as enabling the public to more intelligently select their attendants. In most States the medical profession has heartily co-operated with the nurses in this matter, and we hope that the House of Delegates of the State Medical Association of Texas, through its Legislative Committee, will render us material assistance in securing the passage of the enclosed bill by the Thirty-first Legislature.

Very respectfully submitted,

JENNIE S. COTTLE,
President Texas State Nurses' Association.

MILDRED M. MCKNIGHT,
Secretary Texas State Nurses' Association.

On motion of Dr. C. A. Smith, Texarkana, this communication, together with a copy of the proposed law, was referred to the Legislative Committee for action.

On motion of Dr. Holman Taylor, Marshall, the House adjourned to 4:30 p. m., May 13, 1908.

JOINT SESSION OF THE HOUSE OF DELEGATES WITH THE SCIENTIFIC BODY, MAY 12.

The House of Delegates in joint session with the scientific body was called to order at 9 p. m. by President C. E. Cantrell, Greenville. The following reports were presented by Dr. W. R. Thompson, Secretary of the Board of Trustees:

TRUSTEES' REPORT.

The Trustees beg leave to make the following condensed report of the financial condition of the TEXAS STATE JOURNAL OF MEDICINE and the State Medical Association of Texas:

Receipts.

Balance April 30, 1907		$7,284 42
Total receipts from Association	3,037 80	
Total receipts from Journal	6,705 35	
Interest	36 30	
Total		$17,063 87

Disbursements.

Total payments for Association	$2,869 83	
Total payments for Journal	6,807 67	
Total		$ 9,677 50
Balance on hand		$ 7,386 37

Since the above report was made by the Auditor, the Secretary has received $1334.08, making a balance on hand of $8720.45 against $7284.42 one year ago, a net gain of $1436.03. In the face of the rigid enforcement of a rule we made to reject all articles (for advertising) not accepted by the Council on Pharmacy and Chemistry and the recent financial disturbance, we consider the above showing more than ordinarily good. It is needless for us to comment upon the class of journals composing Volume 3; we desire, however, to take advantage of this public occasion to express our high appreciation of the most efficient and valuable services rendered by our Editor and Secretary, Dr. I. C. Chase.

Respectfully submitted,
J. S. Lankford, Chairman.
W. R. Thompson, Secretary.

The following detailed report of the Auditor, giving the exact condition of financial affairs was presented without reading:

FUND FOR PUBLICATION OF TEXAS STATE JOURNAL OF MEDICINE.

Receipts.

From April 30, 1907, to April 30, 1908.

Balance at credit this fund		$2,898 47
For subscriptions	$3,014 25	
For advertisements	3,642 69	
For sales Journal	6 00	
For interest	36 50	
For miscellaneous items	5 91	6,705 35
Total		$9,603 82

Disbursements.

From April 30, 1907, to April 30, 1908.

Printing Journal		$3,562 22	
Salaries—			
Editor	$1,500 00		
Stenographer	600 00		
Office assistants	292 00	2,392 00	
Postage and expressage		415 55	
Commissions to solicitors		107 25	
Office supplies and telephone messages		74 78	
Office stationery and binding		94 42	
Office rent		120 00	
Engraving		37 45	
Miscellaneous expenses		4 00	6,807 67
Balance on hand April 30, 1908			$2,796 15

ASSOCIATION FUND.

Receipts.

From April 30, 1907, to April 30, 1908.

Balance at credit of this fund	$2,953 15
For membership dues	2,946 00
For card indices	3 50
For legislative expenses	10 00
For sales of membership buttons	55 00
For sales of pamphlets	4 25
For interest	19 05
Total	$5,990 95

Disbursements.

From April 30, 1907, to April 30, 1908.

Expenses annual meeting—		
Stenographer and clerical force	$139 05	
Printing programs	41 00	
Stationery and printing	14 25	$ 194 30
State Councilor expenses	$388 23	
State Councilor stationery	88 50	
		$ 476 73
Insurance Committee expenses		47 40
Legislative Committee expenses		163 45
Legislation		600 00
Indemnity bonds		45 00
Commissions to solicitors of advertisements		221 00
Franchise tax		10 00
Membership buttons		140 00
Refund of dues		7 00
Printing Constitutions		4 50
Secretary's Office Expenses—		
Telephone and telegraph messages	$ 21 49	
American Medical Directory	5 00	
Rent	60 00	
Postage	124 84	
Expressage	29 47	
Office supplies	30 42	
Stationery	15 68	
Printing	59 55	346 45
Secretary's salary, one year to April 30, 1908	300 00	
Bookkeeper's salary, one year to April 30, 1908	300 00	
Office boy	14 00	614 00
Total disbursements		$2,869 83
Balance on hand April 30, 1908		$3,121 12

Recapitulation.

Balance in treasury as shown by report of April 30, 1907	$ 7,284 42
Total receipts Association fund	3,037 80
Total receipts Journal fund	6,705 35
Interest collected on Unappropriated fund	36 30
	$17,063 87

Disbursements.

Total payments Association fund	$2,869 83	
Total payments Journal fund	6,807 67	$ 9,677 50
Balance on hand		$ 7,386 37
In hands of Treasurer		$ 1,469 10
On deposit in bank		5,917 27
		$ 7,386 37

AUDITOR'S REPORT.

Fort Worth, Texas, May 9, 1908.

I hereby certify that the foregoing exhibits of receipts and disbursements are true summaries of the financial transactions of the State Medical Association of Texas for the year ending April 30, 1908; that the books of the Association are in agreement therewith and with the amounts on deposit in bank and in the hands of the Treasurer.

D. H. Kernaghan,
Accountant.

The following report of the Editor to the Trustees was submitted by title:

EDITOR'S REPORT TO THE BOARD OF TRUSTEES.

The report of the auditor in the hands of your Secretary, Dr. W. R. Thompson, showing the condition of the Association books and finances for the fiscal year just closed is sufficient indication of the care given the Association's financial affairs by your Editor. What you have received for the money expended is seen in Volume III of the State Journal, and the present prosperous condition of the Association.

The Journal has lost not less than $1000 in advertising during the last year by the action of the Trustees in not allowing the renewal or the acceptance of contracts for medicinal agents unapproved by the Council on Pharmacy and Chemistry. We have, however, been able to maintain our former amount of advertising practically undiminished.

The following is a comparative annual statement:

1905.

On hand		
Receipts Association and Journal		$10,439 16
Expenditures		5,843 97
Total in bank		$ 5,095 19

1906.

On hand		$ 5,095 19
Receipts Association and Journal		7,232 45
Total on hand		$12,327 64
Expenditures		7,110 26
Total in bank		$ 5,217 38

1907.

Association Fund.

On hand	$1,800 00	
Receipts	2,929 75	
Expenditures	1,776 60	
Balance		$2,953 15

Journal Fund.

On hand	$2,621 90	
Receipts	6,941 80	
Expenditures	6,665 23	
Balance		$2,898 47

Unappropriated Fund.

On hand	$2,294 59	
Expenditures	861 79	
Balance		$1,432 80
Total in bank		$7,284 42

1908.

Association Fund.

On hand	$2,953 15	
Receipts	5,990 95	
Expenditures	2,869 83	
Balance		$3,121 12

Journal Fund.

On hand	$2,898 47	
Receipts	6,705 32	
Expenditures	6,807 67	
Balance		2,796 15

Unappropriated Fund.

On hand	$1,432 80	
Receipts	36 30	
Balance		1,469 10
Total in bank		$7,386 37

Bills Receivable.

Amount due May 1, 1908		$1,187 22
Collected since May 1	$185 85	
Notes held	140 70	326 55
Total unsecured outstanding accounts receivable		$ 860 67

After three years of JOURNAL publication there are on the books but two accounts, amounting to $137.50 and $12, respectively, total $149.50, which are considered uncollectible.

The Association has been required to gradually increase its office room until it now occupies an office 45x15 feet, every bit of which available space is completely occupied by four large desks, two typewriters, vertical files, two cabinets containing a directory of State physicians, cases for the accommodation of medical publications, back numbers of our STATE JOURNAL and a number of books. The current volumes formerly in the library of the University of Texas have been forwarded to the JOURNAL office. The bindings of some of these are somewhat defaced by the flood. The collection now consists of 234 Texas Transactions; 394 volumes of Transactions of other States; 246 miscellaneous books; 70 late medical books reviewed by the JOURNAL; 30 medical books on hand for review; 16 bound volumes of the TEXAS STATE JOURNAL OF MEDICINE; 2400 unbound back numbers of the STATE JOURNAL; 18 bound volumes of late American medical journals.

As your Editor and Secretary, I am especially anxious that the Trustees plan wisely for the future. There should now be laid a foundation to meet the needs of the great organization which twenty or thirty years hence will form the State Medical Association of Texas. But two years ago we thought we had only 5000 physicians in the State. After the new law goes into effect in July we will probably find some 7000 enrolled. In twenty years there will perhaps be twice this number, with State meetings at which 1000 to 1400 may be in attendance. Our library will have increased to thousands of volumes; the circulation of the JOURNAL will be 10,000. The principal committees will require a paid secretary to conduct their work. We will be compelled for reasons of economy probably to install a more or less expensive printing plant, etc. We already need room for some branches of our work. The Committees on Insurance, Railroad Contract Practice, and Legislation, already need the attention of a clerk. We should plan for a business home. This does not imply a permanent place of meeting, but merely a property, a fire-proof building and its equipment—a home like the American Medical Association. I urge the Trustees to this end to invest their funds to wisely provide for these future needs of the growing profession of Texas.

The report was received on motion of Dr. J. C. Loggins, Ennis.

The Treasurer of the Association, Dr. C. A. Smith, Texarkana, presented the Treasurer's report as follows, which referred only to the unappropriated fund:

TREASURER'S REPORT.

As your Treasurer, I beg to submit the following report for your consideration:

Received from Secretary Chase draft for unappropriated fund, June 17, 1907	$1,469 10
Interest due on the above May 1, 1908, at 4 per cent.	58 80
Present balance	$1,527 90

The above funds were deposited in the Wise County Bank, of Paradise, Texas, on the order of your Board of Trustees, subject to check and bearing 4 per cent interest. Your Board of Trustees has created the office of Treasurer of the Board, and he handles the current funds of the Association, under their direction and orders. Your regularly elected Treasurer is only the depository of such funds as are not in active use in the management of the State JOURNAL, and the paying of current expenses. This makes the office of Treasurer an honorary one only.

Under the circumstances, if this practice is to continue, I think it would be as well to have the office of Treasurer joined with that of Secretary, and a suitable security bond be required of the holder of the joint office. An amendment to the Constitution and By-Laws would be required to carry this into effect, but in my judgment this should be done, or the regularly elected Treasurer should handle the funds of the Association, as the Constitution and By-Laws contemplate.

Respectfully submitted,

C. A. SMITH,
Treasurer.

The report of the Treasurer was received, on motion of Dr. J. C. Loggins, Ennis, and referred to the Board of Trustees for action.

Dr. I. C. Chase, Fort Worth, Secretary of the Association, presented the following report:

SECRETARY'S REPORT.

The Secretary's report is a time-honored document, inaugurated when Transactions were issued and there was no journal as a monthly medium of communication. The Secretary in this report was accustomed to give a detailed review of

the occurrences of the year. Now it is only necessary to present to you the TEXAS STATE JOURNAL OF MEDICINE, Volume III, as a report of current associational activities.

The year 1906-1907 was an important one. New legislation was being secured and proper remunerations for insurance examinations was being actively advocated. This past year has begun to realize the result of this work.

The Anatomical Bill has been put in force and has been found to be a wonderful relief to difficult situations previously arising in undergraduate medical study. It has likewise placed within the reach of practicing physicians and medical societies post-graduate anatomical and pathological work.

The Practice Act, which will not be fully enforced until July 12th, has largely interested the minds of the medical profession. The Secretary's office and the pages of the State JOURNAL have been actively engaged in preparing for the enforcement of this law. Much study and editorial work has been done to establish the constitutionality of the act in the minds of the profession, as it was found that a small number of physicians were not fully in sympathy with the spirit of the movement and did not fully comprehend the legal importance of their complying with the act. The Association has been to much expense to send county secretaries literature sufficient to be placed in the hands of every practicing physician, instructing them how to register. Circular letters were also sent with these pamphlets to impress the profession with the necessity of complying with the act.

One of the important innovations of the year has been the fulfillment of the constitutional requirements of reading in county societies papers prepared for the annual meetings. The present session will test the value of this plan.

The year has been marked by a new advertising policy on the part of the JOURNAL. At the last annual session the Trustees required that as rapidly as contracts expired we should advertise no proprietary remedies unless they had the approval of the Council on Pharmacy and Chemistry. This has greatly diminished the possible earning capacity of the JOURNAL. Besides putting out a number of pages of our most profitable advertising, we have been restricted in securing new contracts. In spite of this fact we have so far been able to carry about the same amount of advertising and to show a slightly better balance to the credit of the JOURNAL fund this year as compared with last.

Of great interest to the medical profession during the past year, of which much has been spoken in our JOURNAL, has been the enforcement of a Pure Food Law, which becomes fully active June 1st.

The Barbers' License Law has also begun to affect barber shop sanitation, and the new Pharmacy Law has begun to throw its additional safeguards about the practice of pharmacy.

A year has passed under a new law relating to criminal abortion. The medical profession is just awakening to the fact that in spite of the many advantages of this law in prosecutions for malpractice, it is feared it contains one of the most dangerous elements ever introduced into legislation, and is a kind of class legislation almost unprecedented in the annals of the law. It places the medical profession almost at the mercy of any designing woman, leaving him for defense only testimony as to his previous character. It sets aside the ordinary rules of evidence requiring corroborative testimony for the conviction of a crime to which a penitentiary penalty is attached. The law states that the physician may be convicted by the uncorroborated testimony of a woman that an abortion has been performed or attempted. This law should receive the attention of the Legislative Committee during the year, and if the fears are well grounded an attempt be made if possible to have the law changed, leaving the advantageous factors for conviction, but relieving the medical profession from the dangers which such uncorroborated testimony could bring about in the practice of the profession, the nature of which is so private and confidential.

One of the most important medical advances of the year has been the change in the activity of the State Health Officer, who has turned his attention from the time-honored border quarantine and begun to pay attention to internal public health matters. His gradual promulgation of a public health code for Texas has been announced from time to time through the pages of your JOURNAL. Such a movement shows commendable initiative and is an introductory step to the establishment of a State Board of Health.

The membership of this society is 3117, which is 207 more than at our last annual meeting. The comparative membership for the last few years is as follows:

	1904.	1905.	1906.	1907.	1908.
County societies	124	128	132	137	142
Membership at annual meeting.	2263	2436	2622	2910	3117
Membership for year.....	2393	2649	2783	3163	....

The county societies number 142. The following new societies have been organized: Hemphill-Roberts-Lipscomb-Ochiltree, Haskell, Knox, Hall and Foard.

In the spring of 1905 and 1906 we had with us Dr. J. H. McCormack, National Organizer of the A. M. A., who made addresses at various prominent parts of the State and greatly assisted in the work of renewing the membership of county societies. In 1907-08 we had literature from the American Medical Association and the assistance of the new American Medical Directory to interest doctors in county society affiliation. We also had the assistance of five paid representatives who visited a large part of the State soliciting members. Our rolls were increased thereby 221. This year the membership could easily have greatly exceeded last year. Some of our Councilors have given much less attention to their work than usual. The present membership is what the farmers would call a volunteer crop. Considering the diminished energy put forth this year has been the greatest demonstration in our history of the substantial growth of the Association spirit. For the past two years it has been held together and increased by strenuous efforts and by the expenditure of some money. This year the membership represents more nearly the spontaneous local spirit of continuing an organization. Throughout a large part of the State the weekly and monthly meetings have increased in attendance and interest during the year.

It is impossible to give this Association an idea of the extent and variety of affairs now handled in the State Secretary's office, to estimate the influence of the State JOURNAL in this and other States, or to review the extent of the conferences, plans and routine of duties involved in the conduct of the present organization. The fact that the Association during the year past, by the Treasurer's report, will be found to have handled over $17,000 and to have increased the balance, in the bank, more than $1400 over last year, in spite of hard times, speaks for itself. The membership of the Association is in the hands of its Councilors, and no matter how efficient the Secretary may be, unless a zealous and unselfish Councilor Board be furnished, the membership can not be maintained nor increased. In the past there has been a tendency to relax the care with which officers are selected. The present plan of nomination from the floor without mature consideration on the part of a nominating committee makes it especially necessary that this House of Delegates look upon the officers of the Association as they would upon the directors in any commercial enterprise; that these positions be not considered matters of honor merely, but as matters of business; that officers be selected with more care and deliberation than is given any other work of the Association, the men being selected for their experience, fitness and above all for their devotion to the welfare of the medical profession, even to the extent of sacrificing their personal business.

The Secretary's report was by motion unanimously adopted, and the Secretary thanked for his services.

REPORT OF COMMITTEE ON RAILWAY PRACTICE.

Dr. R. W. Knox, Houston, the only member of the Committee on Railway Contract Practice, presented a verbal report to the House, stating that on account of the sickness of the chairman of the committee, and the magnitude of the work, the committee had been unable to formulate a report to the House, and requested further time.

On motion of Dr. J. C. Loggins, Ennis, this report was referred to the House of Delegates for later action.

Dr. Holman Taylor, Secretary of the Committee on Insurance, presented the following report of the committee, which was adopted and the committee continued:

REPORT OF THE INSURANCE COMMITTEE.

In offering this report to the House of Delegates, the committee wishes to state that it is merely a synopsis of the work done since its last report at Mineral Wells.

After the reading of the report of the Insurance Committee at Mineral Wells, a motion was made and carried that the same committee be retained for the coming year. At the

Mineral Wells meeting Dr. Cantrell, Chairman of the Insurance Committee, was elected President of the State Medical Association. Dr. Cantrell shortly afterwards appointed Dr. G. B. Foscue, of Waco, as one of the committee to take his place. It later developed that Dr. Foscue would not be able to serve on account of his position as Secretary of the State Examining Board. No other appointment was made, and Dr. Cantrell has continued to act as one of the committee.

Soon after the annual meeting at Mineral Wells, what is known as the Robertson Insurance Law was passed by the Legislature. This law seems not to have met with the approval of a great many insurance companies doiug business at that time in this State. Many of them withdrew from the State and only a small per cent of those withdrawing have so far returned. The action of these companies in withdrawing demoralized the insurance status to the extent that the Insurance Committee was not able to get its bearings. Not knowing what companies were going to remain in the State, the committee was at a loss to know what companies to approach.

In December the committee held a meeting in Fort Worth, attended by Drs. Cantrell, Taylor, Largent and Chase. Dr. Largent was made chairman, and Dr. Taylor secretary of the committee. The question as to how to continue the campaign was thoroughly discussed. Not knowing how much money would be available, the committee did not know just how to proceed. It seemed desirable to take up the matter with every doctor in the State individually, in addition to the different county societies. After thoroughly investigating the matter the committee found it would take some $300 or more to do that alone, so the idea was abandoned.

Because of the financial crisis, which was on hand at that time, it seemed evident that economy from all standpoints would have to be practiced. The office force of the JOURNAL being diminished, the large amount of clerical work that had formerly been done there for the committee could no longer be handled. Therefore, the committee, not knowing what amount of money could be expended for its use, or the amount of help it could receive from the JOURNAL office, was in the attitude of having to rely upon its own efforts, with what comparatively limited assistance could be given from the JOURNAL office. It was decided at the conference in Fort Worth that Dr. Taylor should take the matter up with the county societies, and Dr. Largent should deal with the insurance companies direct.

A circular letter was issued to the counties already pledged to the adoption of the $5 fee, urging them to stand firm. To the credit of these counties be it said that they have all remained loyal to their pledge, and the report comes to the committee that they have had practically no trouble in maintaining their attitude. All companies not paying the $5 fee are reported as willing to do so upon demand.

Another circular letter was addressed to the counties which had not adopted the committee's resolutions, urging them to do so. The results have been favorable, and at the present time the following counties are pledged to maintain the $5 fee:

Anderson, Bandera, Bastrop, Blanco, Bosque, Briscoe, Burnet, Caldwell, Cass, Camp, Childress, Clay, Colorado, Collin, Comal, Cooke, Dallam, Ector, El Paso, Edwards, Erath, Fisher, Floyd, Franklin, Gillespie, Gonzales, Grayson, Guadalupe, Hale, Hill, Hopkins, Howard, Hamilton, Harrison, Hartley, Jasper, Johnson, Karnes, Kaufman, Kendall, Kerr, Lampasas, Leon, Lubbock, Madison, Martin, Medina, Midland, Milam, Montgomery, Morris, Newton, Nolan, Orange, Potter, Rockwall, Robertson, Runnels, San Augustine, Sherman, Stephens, Stonewall, Swisher, Titus, Travis, Upshur, Uvalde, Williamson, Wood. Total, 69.

At a meeting of the Board of Trustees some time in January it was decided that only $50 could be allowed the committee. This small amount necessarily curtailed the scope of the work, and no further detail circular work was attempted. About January the first, Dr. Largent began an effort to get in communication with the companies doing business in Texas which did not pay the $5 fee. At this time there were about thirty companies doing business in the State, the majority of them having withdrawn. Eleven of these companies were at this time paying a $5 fee, the other nineteen were not. The correspondence with these companies was but partially successful, several of them ignoring the matter entirely. It is believed by the committee that several of the remaining obdurate companies will in the near future agree to its demands, their correspondence seeming to indicate such a change of sentiment.

Companies in the State.

American National Life Insurance Co., Galveston, Texas, $5.00.
Guarantee Life Insurance Co., Houston, Texas, $5.00.
Texas Life Insurance Co., Waco, Texas, $5.00.
Hartford Life Insurance Co., Hartford, Conn., $3.00.
Aetna Life Insurance Co., Hartford, Conn., $5.00.
Union Central Life Insurance Co., Cincinnati, Ohio, $3.00.
Southwestern Life Insurance Co., Dallas, Texas, $5.00.
Fort Worth Life Insurance Co., Fort Worth, Texas, $5.00.
Pacific Mutual Life Insurance Co., San Francisco, Cal., $5.00.
St. Louis National Life Insurance, St. Louis, Mo., $3.00 for amounts under $5000 and $5.00 for $5000 and over.
Louisiana National Life Insurance Co., New Orleans, La., $5.00.
Philadelphia Life Insurance Co., Philadelphia, Pa., $5.00.
Capitol Life Insurance Co., Denver, Colo., $5.00.
American Central Life Insurance Co., Indianapolis, Ind., $3.00.
Northern Life Insurance Co., Chicago, Ill., $5.00.
Colorado National Life Insurance Co., Denver, Colo., $5.00.
Franklin Life Insurance Co., Springfield, Ill., $3.00.
Bankers' Reserve Life Insurance Co., Omaha, Neb., $3.00.
American Life and Accident Insurance Co., Salisbury, Mo., $3.00.
Missouri State Life Insurance Co., St. Louis, Mo., $3.00.
State Mutual Life Insurance Co., Rome, Ga., $5.00.
North American Life Insurance Co., New York, N. Y.
Volunteer State Life Insurance Co., Chattanooga, Tenn., $5.00.
Northwestern National Life Insurance Co., Minneapolis, Minn., $3.00.
U. S. Annuity and Life Insurance Co., Chicago, Ill., $3.00.

Paying $5.00 Flat Fee.

American National Life Insurance Co., Galveston, Texas.
Guarantee Life Insurance Co., Houston, Texas.
Aetna Life Insurance Co., Waco, Texas (so stated by the agent of company).
Aetna Life Insurance Co., Hartford, Conn.
Southwestern Life Insurance Co., Dallas, Texas.
Fort Worth Life Insurance Co., Fort Worth, Texas.
Pacific Mutual Life Insurance Co., San Francisco, Cal.
Philadelphia Life Insurance Co., Philadelphia, Pa.
Capitol Life Insurance Co., Denver, Colo.
Colorado National Life Insurance Co., Denver, Colo.
Northern Life Insurance Co., Chicago, Ill.
State Mutual Life Insurance Co., Rome, Ga.
Volunteer State Life Insurance Co., Chattanooga, Tenn.
Kansas City Life Insurance Co., Kansas City.
Citizens' Life Insurance Co., Louisville, Ky.

Paying Graded Fee.

Hartford Life Insurance Co., Hartford, Conn.
Union Central Life Insurance Co., Cincinnati, O.
St. Louis National Life Insurance Co., St. Louis, Mo.
Louisiana National Life Insurance Co., New Orleans, La.
American Central Life Insurance Co., Indianapolis, Ind.
Franklin Life Insurance Co., Springfield, Ill.
Bankers' Reserve Life Insurance Co., Omaha, Neb.
American Life and Accident Insurance Co., Salisbury, Mo.
Missouri State Life Insurance Co., St. Louis, Mo.
North American Life Insurance Co., New York, N. Y.
U. S. Annuity and Life Insurance Co., Chicago, Ill.
The Inter-Southern Life Association, Louisville, Ky.
American National Insurance Co., Lynchburg, Va.

It can be seen by the foregoing that the efforts of the committee have met with considerable success. It is reasonable to suppose that the majority of the companies soon to enter the State will readily agree to pay the $5.00 flat fee.

In conclusion, the committee would suggest to the House of Delegates that the work be continued. We feel assured if the House of Delegates, the officers of the Association, the Insurance Committee, and the county societies do their duty, the individual doctor will be forced to do so, and we will ultimately win this fight in its entirety. It is gratifying to the committee to know that several of the counties embracing the larger cities of the State are succeeding in the movement. It has been thought impossible for these counties to make the agreement with any show of success because of the large number of irregular physicians to be contended with, and their acquisition will be a great help to the movement.

Respectfully submitted,

J. W. LARGENT, Chairman.
HOLMAN TAYLOR, Secretary.

Dr. J. S. Lankford, as a member of a committee from the Board of Trustees, presented the following communication:

RECOMMENDATION CONCERNING CONGRESS ON TUBERCULOSIS.

The International Congress on Tuberculosis meets in Washington next September. There will be three weeks of clinics and demonstrations, expositions of the best methods of prevention and treatment, scientific papers, addresses and discussions by able men from almost every foreign country and from nearly all the States and Territories. It is impossible to overestimate the importance of this great educational congress in stimulating interest in the prevention of tuberculosis, heaviest of the curses that burden the human race.

It will be readily admitted that Texas with her intelligent citizenship and her special needs should stand first in promoting any enterprise concerning the prevention of tuberculosis.

Some months ago the National Society for the Study and Prevention of Tuberculosis appointed a Texas committee consisting of Drs. W. S. Carter, Wm. M. Brumby, M. M. Smith, F. W. Gallagher, F. Paschal, and J. S. Lankford to enlist the interest of the people of Texas in the Congress. This committee met and organized with Dr. W. S. Carter, president; Dr. Wm. M. Brumby, vice-president, and Dr. M. M. Smith, secretary-treasurer. Among other actions this committee requested the Board of Trustees of this Association to do some special work through the county and State societies. This board appointed a sub-committee, which has been actively at work and with reasonable success. The secretaries of Harris and Tarrant county societies and the president of Bexar County Society were elected to membership in the Congress, and their dues paid in order to get the Transactions. Delegates were elected from these societies from El Paso County Society and others. Our State JOURNAL and the Texas medical press generally has given valuable aid and much interest has been manifested.

In presenting this matter to the State Association we would respectfully suggest:

1. That the Association officially endorse and encourage this world's congress of philanthropic sanitarians.
2. That the Secretary be elected a member, the Association to pay his dues, so that we may have the Transactions, and that similar action be recommended by the Association to county societies where practicable.
3. That the members be requested to enlist the active interest of county and city authorities, boards of health, school boards, charitable organizations, public-spirited citizens and especially the press at their own homes.
4. That an invitation be extended to any citizen of Texas to exhibit means and methods for the treatment or the prevention of tuberculosis.
5. That as many members be procured as possible and that all members who can attend be elected delegates.

The Texas Committee has been at work along other lines and will probably report progress. Respectfully,

J. S. LANKFORD, President,
W. R. THOMPSON, Secretary.
Committee of the Board of Trustees.

These recommendations were adopted unanimously and in addition county societies requested to send the State Secretary the names of all who would attend the Congress, and the President of the State Association authorized the appointment of all such members accredited delegates to the Congress.

The report of the Board of Councilors was read by the Chairman, Dr. W. B. Russ, San Antonio:

REPORT OF THE CHAIRMAN OF THE BOARD OF COUNCILORS.

Your Board of Councilors begs leave to submit the following report for the year 1907-08:

First District.—Dr. Turner reports a membership of sixty-three for 1908 as against fifty-six for 1907. Dr. Turner says: "The profession in my district is prosperous and the membership was never more harmonious."

Second District.—Dr. Grizzard reports a 5 per cent increase in membership for 1908. He has eight county societies and a prosperous district society. The doctor suggests that his district is too large, and advises that it be divided.

Third District.—Dr. Fly reports a 20 per cent increase in membership, practically all eligible physicians in the district being members of their county societies. The district is better organized this year than ever before. He says that no deaths have occurred during the year, and adds that the Panhandle folks never die. No man has done better work on the Council than has Dr. Fly.

Fourth District.—Dr. McCarver for the Fourth District reports no increase in membership, but the district is holding its own. Brown county has adopted the four years post-graduate plan and meets every Tuesday afternoon.

Fifth District.—The Fifth District shows a gain for 1908. This district is in a much more prosperous condition than in former years. For five consecutive years some county societies have had enrolled all eligible doctors in the territory.

Sixth District.—Dr. Hamilton's district also shows a gain in membership. This in spite of the fact that transportation facilities are poor, and most of the territory very thinly populated.

Seventh District.—Dr. Bennett reports that harmony prevails in the Seventh District, and that the membership for 1908 is the same as for 1907. It has required much hard work to keep together the Seventh, and the doctor deserves to be congratulated upon his success.

Eighth District.—The Eighth is one of the hardest districts in the State to keep together, and Dr. Shropshire has had to sacrifice much time and to work hard to keep from showing a heavy loss in membership.

Ninth District.—Dr. Moore reports for the Ninth a total membership of 220 as against 228 for 1907. This district will no doubt show an increase by the end of the year. The Ninth and Tenth have prosperous district societies, and in every way both districts are in first-class condition.

Tenth District.—Dr. Calhoun reports that the Tenth District is holding its own, and that Jefferson County Society is making a record by its active campaign against fakirs and quack doctors. This good work is being carried out by an energetic and efficient committee consisting of Drs. Reed, Goldstein and Thompson.

Eleventh District.—Dr. Hill for the Eleventh District makes an excellent showing for his district, which is a hard one to keep together. The doctor has sacrificed much of his time in his efforts to keep this district from showing a great falling off in numbers.

Twelfth District.—Dr. McReynolds of the Twelfth has been laboring under the disadvantage of having to assume his duties late in the year. He reports a small loss in numbers, but thinks he will be able to make this up before the end of the year.

Thirteenth District.—Dr. Britton's district, like Dr. Bennett's, shows the same number of members in 1908 as in 1907. Both districts will surely show an increase before the end of 1908.

Fourteenth District.—Dr. Gray's district, the largest in the State in point of numbers, makes a truly remarkable record this year. Its membership in 1907 was 836. In 1908 it is 916, an increase of 80 members. This will no doubt be raised to 1000 or more during the next few months.

Fifteenth District.—Dr. Holman Taylor's district also shows an increase in membership. The doctor's report to the Council is complete and to the point. I advise that it be printed in full in the JOURNAL as a model for the rest of us to study in preparing our reports. Dr. Taylor was one of the original provisional House of Delegates which considered the reorganization scheme at Dallas in 1902, and he has served on the Board since it was organized at San Antonio in 1903. His tireless and unselfish devotion to the best interests of organized medicine in Texas has been for seven years a source of inspiration to the rest of us who sometimes become discouraged and feel disposed to give up the work.

Once more and for the fifth consecutive time your Board of Councilors is able to report an increase in membership. At this, the 1908 annual meeting, our membership is 3117 as compared with 2910 for the same period in 1907, 2783 in 1906, 2649 in 1905, and 2393 in 1904.

Without doubt, one of the strongest influences in keeping alive the interest in organized medicine has been our excellent State JOURNAL, which under the management of Secretary-Editor Chase, is now everywhere admitted to be the best State JOURNAL in existence. Another influence that has kept up interest, has been the stimulating effect of the State Association's success in securing such public health legislation as the "Practice Act" and "Anatomical Law." Not only did the Association's attitude before the last Legislature result in the enactment of the laws we desired, but it resulted in instilling into the public mind the belief that the doctors of Texas are now really asking for laws in the interest of the public health and not for rank class legislation.

No longer can any question be raised as to the efficiency

and the permanency of our organization. From every district comes the report that a great majority of the county societies are organized on a permanent basis, and in the few instances where for any reason it has been found advisable to disorganize a society, its members have promptly joined neighboring societies.

More than ever before our county and district societies are undertaking to do real scientific work. The business sessions are, in most instances, shorter and less frequent, and sessions for the prosecution of regular scientific work are being instituted instead. Many counties now hold regular weekly meetings and divide the work into sections. The results have been in every instance most gratifying. We recommend that the A. M. A. plan for doing this work be studied and that it, or some modification, be adopted by every society where it is possible for the members to assemble at frequent intervals.

Ethically and socially, there seems to be an improvement in practically every district. Personal differences rarely lead to the bitter wrangles that formerly brought the profession into so much disrepute.

We find that the work of the A. M. A. Council on Pharmacy and Chemistry is receiving the endorsement of the profession in every part of the State. It has long since been manifest to even the dullest intellect, that the fight against the Council was worked up, generaled and paid for by concerns whose prosperity depends upon their ability to foist upon the public and the profession the fraudulent products in which they deal. That this fight has simply been crooked commercialism's protest against organized medicine's effort to expose impositions that have become "respectable" because of the many years they have been practiced upon the defenseless doctors and their patients.

Never before has the public attitude been more friendly to the profession; never has it been so easy to make the politician lend an ear to our appeals in the interest of public health; never has the sorehead in the profession found it so hard to muster a following; never have the quack and ignoramus had so many things to worry about; never before in the history of organized medicine has any State association shown an increase in membership and in enthusiasm during a period of general depression affecting the whole country.

On motion the Councilors' report was adopted with thanks.

Dr. John T. Moore verbally presented his report as Texas Representative of the Council on Medical Education as follows:

REPORT ON MEDICAL EDUCATION.

Your Representative did not get to attend the meeting of the Council in Chicago in April. I feel that it is very important that each State send a representative to the meeting of this Council, so as to come in close and intimate touch with them in their efforts to raise the standard of medical education. A hearty co-operation of the various States will certainly lead to a greater uniformity for entrance examinations in the various States to the medical colleges, and the various examining boards would come nearer together in their requirements necessary to practice medicine. This would lead naturally to the reciprocity among the States.

I had hoped to receive the full report of the Council on Medical Education before this meeting so as to embody some of it in my report. From what I can gather their report will show that the States are rapidly coming to the same point in their entrance requirements to medical schools.

Last year your Representative visited and inspected all of the medical colleges in the State, except the one located at Texarkana. The data concerning these institutions corresponds almost exactly with that obtained by the Secretary of the Council on Medical Education. I am pleased to note that two of these schools have already been barred as disreputable by the State Board. I might further say that unless the facilities of some of the other schools are increased that they certainly ought to be held as disreputable, as they are in no way prepared to give sufficient instruction to qualify their men for practice. These schools ought to be visited again this year by your Representative and a careful note made of their preparedness to give adequate instruction.

Preliminary Requirements.—The Council on Medical Education is doing a great work in encouraging the States in raising the standard of preliminary requirements for entrance to medical schools. This will lead in a few years to a uniformity among the States so that reciprocity will be easy.

I wish to heartily approve, in the main, the action of our State Board of Medical Examiners in obtaining their regulations relating to medical colleges and admission to medical schools. It seems to me that if the Board of Examiners would accept as preliminary requirements the same standard of the State University for admission to the College of Arts the situation would be very much simplified. The University requires a credit of eleven units which corresponds practically to what the Board has adopted; but the University has a thorough plan by which they determine the reputability of the various high schools and colleges, hence if the Medical Board would accept as reputable all affiliated schools and colleges that would save them much trouble, as the Medical Board would find it very difficult to determine what schools in the State are reputable. Should there be any schools in the State which are not in affiliation with the University they would very soon give the University such information so that their graduates would be admitted to the University or the medical schools within the State without examination.

It seems to me that those holding first-class teachers' certificates should also be allowed to enter upon the study of medicine without the entrance examination.

The University is also in a position to determine what schools and colleges in other States are reputable, as each State university is familiar with the work done in each of the schools in their State, affiliating with themselves only those schools that give reputable courses.

Examination for Entrance to Medical Colleges.—The entrance examination should be given by the Superintendent of Public Instruction, or those appointed by him, at a number of designated points in the State just a short time before the opening of our medical schools; or it might be better to get the University of Texas, through their faculty and representatives appointed in a number of different places, to conduct these examinations. The applicant should not be allowed to make known to what school they will apply for admission. In this way all danger of favoritism would be avoided.

In Section 4 of the regulations the Board attempts to define what is a reputable medical college. Unfortunately it is exceedingly hard to determine what is a reputable medical college. One can not judge from the printed catalogues and statements, as their claims do not correspond to what they really do.

There are many schools throughout the country that have practically no equipment at all in the way of laboratories and hospital facilities. The Board could by personal visitation and inspection of these schools possibly determine which are reputable and which are not, but this would be a task almost beyond the powers of the Board to perform. The Board would necessarily have to accept the statement from these colleges of the character of work they are doing. The medical schools in our own State could be easily examined by members of the Board so as to determine which are reputable and which are not.

It occurs to me that it might be well for the Board to adopt as reputable a number of the schools that are beyond question, then require each school not named to show whether or not it comes within the required standard. The Council on Medical Education and your Representative would be glad to co-operate in determining what schools are reputable. It seems to me that this matter ought to be determined at an early date so as not to work any hardships on the home schools.

I believe that our heartiest co-operation should be given to the State Board along these lines, as they have before them a very great undertaking, which, if successfully carried out, can not help being of great benefit to the public at large in giving them better medical men.

Very respectfully submitted,

JNO. T. MOORE.

The report was received.

SESSION OF HOUSE, MAY 13.

The adjourned meeting of the House of Delegates convened at 4:30 p. m., May 13, 1908.

The following counties were allowed representation in the absence of accredited delegates, on motion of Dr. C. A. Smith, Texarkana:

Erath County.—Dr. A. O. Cragwell, Dublin.
Victoria-Calhoun County.—Dr. R. R. Hopkins, Victoria.

Roll call showed present fifty-five delegates and ten ex officio members, total sixty-five. The Chair declared a quorum for business.

Dr. G. B. Foscue, Waco, Secretary of the State Board of Medical Examiners, requested the privilege of the floor, and said:

GENTLEMEN: I wish to make a statement concerning an interview that appeared in the *Dallas News* some two months ago. When this interview occurred, I had no intention, or thought, of reflecting on the old Regular Board of Medical Examiners. It seems this body of honorable men, all of whom I number among my friends, were offended, and called a meeting and requested, in a signed statement, a public explanation of my statements. I have, today, had a meeting with a number of these gentlemen and explained to them privately in detail why I considered a public statement at that time ill advised and why I did not comply with their request. Circumstances are still such that I do not deem it advisable to make further public comment on the matter. I am glad to state, however, that these gentlemen have assured me they are completely satisfied with my explanations. I have the highest regard for the old board and would again assure you that I had no intention of reflecting on that body.

Dr. J. T. Wilson, Sherman, replied for the old board that he and the other members of the old board present were perfectly satisfied with Dr. Foscue's explanation and they now saw that his action was due solely to his loyalty to the State medical profession.

The following report was made by Dr. Frank Paschal, San Antonio, Chairman of the Committee for the Care of Indigent Consumptives:

REPORT OF THE COMMITTEE ON AN INSTITUTION FOR INDIGENT CONSUMPTIVES.

On account of the Legislature not being in session, we have been unable to take any further steps looking towards an institution for indigent consumptives. We had an interview with Governor Campbell, and learned from him that he feared that establishing an institution for indigent consumptives would be the means of inducing people from the different sections of the United States coming to Texas for the purpose of gaining admittance into the institution, and that unless a law was enacted whereby indigent consumptives could be kept out of the State, that he would not favor an appropriation. Your committee is aware of the fact that the same opinion prevails among some of the members of the Senate. We do not understand how they can look upon this important matter from that standpoint. In the first place, we would only ask that citizens of the State of Texas should be admitted into the institution; second, it is a well-known fact that the duration of this disease is, on an average, about two and a half years, though, of course, it may extend beyond this in many instances, and we do not believe that indigent consumptives from other States of the Union would come to the State of Texas and be dependent upon the charity of the State, and live in the State a year that they might be admitted into the State institution. Some few might live long enough to acquire citizenship in this State, but we are of the opinion that the vast majority of them would die before this time, and, therefore, it should not be seriously considered a valid reason for opposing an institution which this State is greatly in need of. We heartily indorse the sentiments of the Governor regarding the exclusion of indigent consumptives from this State, and we respectfully ask the House of Delegates to pass a resolution indorsing the views of certain Senators and the Chief Executive of the State in desiring to exclude immigration of indigent consumptives into Texas, and if it is possible to enact a law that will exclude indigent consumptives, that the State Medical Association of Texas memorialize the Legislature to do so. We also recommend that a resolution be adopted by the House of Delegates assuring the Chief Executive and the members of the Texas Legislature that we do not believe that the establishment of an institution for the care of indigent consumptives would be the means of inducing them to come here, for the reasons expressed above. We can not urge with too great emphasis the need of an institution that will aid in caring in a humane manner for those unfortunate beings who are without homes, friends, or means, and who are compelled to throw themselves upon charity and are inadequately cared for, and, therefore, can not possibly be restored to health and useful citizenship. We further submit that this class of unfortunate people are by no means tramps and unworthy of consideration, but that they are afflicted human beings who have acquired the disease from the carelessness of others who were likewise afflicted, and that they should be cared for in a humane way and restored, if possible, to health at the same time that they are segregated, thus preventing the spread of the disease and protecting public health.

The International Congress on Tuberculosis will meet in Washington on September 21 to October 12, 1908, and we respectfully recommend that the House of Delegates appoint not less than one hundred members of this Association as delegates to the International Congress, and also request that every member of this Association become a member of the International Congress. This meeting will be the largest gathering of medical men from all parts of the civilized world, that has ever assembled together. As the Congress only meets once every three years, it will probably not be held in the United States again for many years to come. Your committee believes that a vast deal of good will be accomplished at the meeting of the International Congress on Tuberculosis, and would like to see the State of Texas represented by having from five hundred to one thousand members, composed of laymen and physicians of the great State of Texas, thereby demonstrating to the international body that this State ranks among the foremost of any in the Union in the fight against this fearful disease.

All of which is respectfully submitted.

F. PASCHAL,
W. S. CARTER,
M. M. SMITH.
Committee.

On motion of Dr. Jas. A. Hill, Groveton, the report was received and adopted as the sentiment of the House of Delegates. On motion by Dr. J. T. Wilson, Sherman, the committee was continued.

The report of the Committee on Collection and Preservation of Records was called. In the absence of the Chairman, Dr. R. H. Harrison, Columbus, on motion of Dr. Holman Taylor, Marshall, the committee was unanimously continued and the committee requested to transmit to the State Secretary's office its collection of books, papers, pictures, transactions, etc., for the use of the Secretary and Editor of the JOURNAL.

Dr. Holman Taylor then read the following communication from the Board of Councilors:

COMMUNICATION FROM COUNCILORS.

The Board of Councilors directs me to inform you that it has, in compliance with your instructions, and through the Councilors of the Fourteenth and Fifteenth Districts, endeavored to secure the agreement of the societies of Hopkins and Van Zandt counties to their removal from the Fourteenth to the Fifteenth district, and has received the final refusal of these societies to agree to such removal.

It will be recalled that the Board of Councilors, in redistricting the State, recommended that these two counties, together with Rains county, be added to the Fifteenth District in compensation for six counties taken from that district and added to the Eleventh. The House of Delegates, in Mineral Wells last year, agreed with the recommendations, but ordered the matter deferred until the consent of societies affected could be secured to the proposed change. As Rains county has no society, the action of Hopkins and Van Zandt county societies closes the matter so far as the Board is concerned.

It is the opinion of the Board that the transfer of the counties mentioned to the Fifteenth District is essential to the proper equalization of the Councilor work in the section concerned.

Respectfully,
HOLMAN TAYLOR,
Secretary Board Councilors, S. M. A.

It was moved by Dr. S. C. Red, Houston, that the counties named in the report be left in the Fourteenth District until the consent of the societies of these counties be obtained to transfer them to the Fifteenth District. Carried.

A communication from the American Medical Association was then read, stating that the House of Delegates of the American Medical Association requested the opinion of the House of Delegates of each State regarding the affiliation of branch associations and that a report be made June 1st at Chicago. On motion, the Chair appointed the following committee to report on the communication at the next day's session: Drs. C. A. Smith, Texarkana; M. L. Graves, Galveston, and J. C. Anderson, Granger.

On motion the House stood adjourned until 9 a. m. Thursday.

SESSION OF HOUSE, MAY 14.

The adjourned session of the House of Delegates was opened at 9:30 a. m., Thursday, May 14, 1908. The following county representatives without constitutional credentials were seated:

Washington County.—Dr. John R. Williams, Brenham.

Milam County.—Dr. John L. Denson, Cameron.

Roll call showed fifty-eight delegates and eleven ex officio members present, total sixty-nine, whereupon a quorum was declared.

A communication was partly read from Mr. Walter N. Norwood, San Antonio, announcing a "positive, proven, specific cure for tuberculosis." On motion by Dr. S. C. Red, Houston, the communication was laid on the table.

The Secretary read a communication announcing the desperate illness of Dr. Walter Shropshire, Yoakum, Councilor of the Eighth District. On motion the sympathy and best wishes of the House of Delegates were extended Dr. Shropshire by wire.

The Secretary read a communication announcing the serious illness of the wife of Dr. T. J. Bennett, Austin, Councilor of the Seventh District. On motion the sympathy of the House was extended Dr. Bennett. A communication from the Secretary of the Medical Association of the Southwest, announcing the fall meeting of that society, was presented and by consent ordered printed in the JOURNAL.

The Secretary then presented the following resolution which, on motion by Dr. S. C. Red, Houston, was unanimously adopted:

RESOLUTION CONCERNING CORPUS CHRISTI.

Whereas, The State Medical Association of Texas has been tendered one of the most delightful, as well as one of the most profitable meetings in his history; therefore, be it

Resolved, That the thanks of the Association be extended to the Nueces County Medical Society, especially to Drs. Redmond and Yeager, for their labor and thoughtfulness in caring for the Association; to Mr. Joe Hirsch, President of the Commercial Club of Corpus Christi, for his attention to local details of entertainment; to Senator John G. Willacy, for his address; to the ladies of Corpus Christi for their continued interest in providing entertainment for our visiting ladies, especially to Mrs. A. E. Spohn for the delightful reception tendered at her home; to Mr. Roy Miller, Chairman of the Bureau of Information; to the citizens of Corpus Christi for their uniform courtesy and hospitality; to Rev. H. E. Springhall and Rev. J. M. Perry for assistance rendered to our meetings; and to Mr. Geo. S. Lupton, San Antonio, general passenger agent S. A. & A. P. R. R., and Mr. Wm. Doherty, traffic manager of the St. L., B. & M. R. R., for the careful arrangement of rates, trains and sleeper reservations; to the press of Corpus Christi for the continued notices of the meeting and for their careful report; to Mrs. Maude Hardwicke for her accurate reports to the leading papers of the State.

It is the sense of this House of Delegates that the physicians of Texas are under lasting obligation to the medical profession and citizens of Corpus Christi for their elaborate entertainment at Epworth-by-the-Sea, and on other occasions, and for the beauty of the decorations at the Pavilion, and in general for the thoughtfulness bestowed upon the details of the meeting.

DEEP WATER RESOLUTION.

A communication from the Commercial Club of Corpus Christi was presented by Mr. Roy Miller, Secretary of the Club, requesting adoption of an accompanying resolution petitioning the House of Delegates to "Indorse the efforts of Corpus Christi to get deep water," and urge "upon Congress that it speedily appropriate sufficient funds to complete a channel of at least twenty-five feet in depth from Aransas Pass up to the wharves of Corpus Christi."

This resolution, on motion of Dr. John T. Moore, Galveston, was unanimously adopted.

The report of the special committee appointed at the previous meeting to report on the affiliation of branch associations was in order and was read by the Chairman, Dr. C. A. Smith, Texarkana, as follows:

RESOLUTIONS CONCERNING AFFILIATION OF BRANCH ASSOCIATIONS.

Whereas, The House of Delegates of the American Medical Association at the Atlantic City meeting referred the question of organization and chartering of branch associations to the various State societies with the request that these give an expression of their views to be presented at the next annual session of the A. M. A.; therefore, be it

Resolved, 1. That in the opinion of the House of Delegates of the State Medical Association of Texas, the organization of any medical societies which are locally found to be useful should be encouraged by both State and National associations.

2. That the comprehensive and inclusive organization plan of county, State and National associations leaves no logical place for such subsidiary societies any more than in political life units of combined States should be recognized by Congress.

3. That the recognition of associations composed of a varying number of State units would logically necessitate representation in the House of Delegates. As all States are represented such branch delegates would unjustly give combined States greater representation than States not so organized.

4. That it does not appear how such branch associations would be benefited by charters from the American Medical Association, such charters seeming unnecessary as State units themselves are in direct affiliation with the A. M. A.

5. That for the above reasons, in the opinion of the State Medical Association of Texas, it would not be best for the American Medical Association to enter into plans for affiliation or representation of branch associations, but that it is best to encourage such organizations by reports and good will as fostering friendship and stimulating a riper scientific scholarship by their larger professional horizon.

C. A. SMITH,
J. C. ANDERSON,
M. L. GRAVES,
Committee.

This report was unanimously adopted on motion of Dr. B. J. Hubbard, Kaufman.

Dr. M. L. Graves, Galveston, offered the following amendments to the Constitution:

PROPOSED AMENDMENTS.

Amend Section 3, Article VIII of the Constitution to read as follows:

"The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the annual session, but no member of the House of Delegates shall be elected to any office named in the preceding sections except that of Councilor and Trustee, and no person shall be elected to any office who is not in attendance on that annual session, and who has not been a member of the Association for the past two years."

Amend Section 3, Article VIII to read as follows:

"The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the annual session, but no person shall be elected to any office who is not in attendance on that annual session, and who has not been a member of the Association for the past two years."

Amend Article V by adding:

"(5.) The ex-Presidents of this Association."

These amendments were laid on the table until the next annual session as required by the Constitution.

AMENDMENT FOR CONSIDERATION.

The Secretary then read the following amendment to the By-Laws, introduced by Dr. B. F. Calhoun, Beaumont, last year, to amend Chapter XI, Section 12, as follows:

"The House of Delegates may, in the absence of regularly accredited delegates from county societies, have the power to seat representatives of county societies, when endorsed by the officers of such county societies, or by the Councilor of their district."

This amendment was discussed at great length when Dr. Jas. A. Hill, Groveton, moved the previous question, which carried. The vote on the adoption of the amendment, then in order, resulted in 25 ayes and 40 nays, and the President declared the amendment lost.

The Secretary then read the following proposed constitutional amendment introduced the year previous by Dr. B. F. Calhoun, Beaumont, to amend Article IV, Section 3, by adding the words, "Or appointed," between the words "elected" and "in accordance," in the second line of Section 3.

Dr. Holman Taylor, Marshall, stated that this amendment was intended to co-ordinate the Constitution in case the previously considered amendment was adopted. Since it had

been lost, it was useless to consider it. There was no further debate and the amendment was unanimously opposed.

A resolution, adopted by the Commercial Club of Corpus Christi, expressing the pleasure of Corpus Christi at entertaining the State Medical Association and inviting the Association back next year, was read by Mr. Joe Hirsch, President of the club. On motion of Dr. Holman Taylor, the thanks of the Association were extended the club.

ELECTION OF OFFICERS.

The election of officers being next in order, Dr. R. W. Knox, Houston, was nominated for President by Dr. F. O. Norris, Eagle Lake, and seconded by Dr. S. C. Red, Houston. Dr. H. W. Cummings, Hearne, was nominated by Dr. F. U. Painter, Pilot Point, and seconded by Dr. F. E. Daniel, Austin. Dr. S. T. Turner, El Paso, was nominated by Dr. Holman Taylor, Marshall, and seconded by Dr. Jeff Davis, Roby. On the first ballot Dr. H. W. Cummings received 34 votes, Dr. R. W. Knox 31, Dr. S. T. Turner 18, Dr. C. A. Smith 1; total, 84 votes. On the second ballot Dr. H. W. Cummings received 42 votes and Dr. R. W. Knox 41 votes; total, 83 votes. Dr. Cummings was elected, and on motion his election was made unanimous.

Election for Vice-Presidents resulted in the selection of Dr. J. M. Inge, Denton; Dr. A. Garwood, New Braunfels, and Dr. A. M. Wood, Galveston.

The election of Councilors resulted as follows:

Second District.—Dr. N. J. Phenix, Colorado, succeeding Dr. L. A. Grizzard, Abilene.

Sixth District.—Dr. H. J. Hamilton, Laredo, who has been serving as Councilor under appointment of the Board of Councilors.

Seventh District.—Dr. J. C. Anderson, Granger, succeeding Dr. T. J. Bennett, Austin.

Eighth District.—Dr. W. A. McCamley, Wharton, succeeding Dr. Walter Shropshire, Yoakum.

Ninth District.—Dr. John T. Moore, Galveston, succeeding himself.

Tenth District.—Dr. D. S. Wier, Beaumont, succeeding Dr. B. F. Calhoun, Beaumont.

Twelfth District.—Dr. G. S. McReynolds, Temple, who has been temporarily serving a Councilor under appointment from the Board of Councilors, succeeding Dr. H. W. Cummings, Hearne, resigned.

Ballot for member of the Board of Trustees resulted in the election of Dr. C. E. Cantrell, Greenville.

Dr. Russell Caffery, San Antonio, and Dr. Jno. O. McReynolds, Dallas, were elected to fill the unexpired terms of Dr. W. B. Worsham, Austin, and Dr. Jno. S. Turner, Fort Worth, as alternate delegates to the A. M. A.

The report of the Committee on Railway Contract Practice, previously referred to the House by the Joint Session, was then called up. Motion by Dr. B. J. Hubbard, Kaufman, to receive the report and discharge the committee was lost. Motion by Dr. H. D. Barnes, Tulia, to receive the report and continue the committee was carried.

PLACE OF MEETING.

Nominations for place of meeting was next in order.

Amarillo was put in nomination by Dr. E. A. Johnson, Amarillo, seconded by Dr. H. D. Barnes, Tulia. A telegram was read from Dr. D. R. Fly, Amarillo, sending a hearty invitation. The President called for three cheers for Councilor Fly, who in spite of ill-health had more "*stiffein*" than any other man in the Association. The cheers were given with a will and the Secretary, on motion of Dr. W. B. Russ, San Antonio, instructed to notify Dr. Fly by wire of the action of the House. A telegram of invitation was also read from Dr. J. F. McGee, Amarillo, President of the Potter County Medical Society.

Waco was nominated, the Secretary reading an invitation from the McLennan County Medical Society, and a telegram from the Waco Business Men's Club, signed by Mr. W. H. Hoffman, President.

Galveston was nominated by Dr. M. L. Graves, Galveston, seconded by Dr. F. E. Daniel, Austin, in a finished address, and by Dr. Jno. T. Moore, Galveston.

Dallas was put in nomination by Dr. E. H. Cary, Dallas, an eloquent address of invitation being delivered by Dr. A. W. Carnes, Hutchins. Invitations were also read from Mr. Jno. G. Hunter, Secretary Dallas Commercial Club, and from the Dallas County Medical Society, and the Dallas Medical and Surgical Association.

The ballot resulted in Galveston receiving 49 votes, Amarillo 18, Dallas 16, and Waco 2.

The President announced Galveston as the place of the next meeting and the time decided was the second Tuesday, Wednesday and Thursday in May, 1909.

The business session of the House, on motion, then stood adjourned to meet in joint session with the Scientific Body at the Pavilion at 3 p. m. for the introduction of the newly elected officers.

JOINT SESSION OF HOUSE WITH SCIENTIFIC BODY, MAY 14.

The final joint session of the House of Delegates with the Scientific Body was called to order by the President at the Pavilion at 3 p. m. Dr. M. L. Graves was appointed and introduced the newly elected president, Dr. H. W. Cummings, Hearne. In acknowledgment, Dr. Cummings said:

Mr. President, Gentlemen of the Texas State Medical Association:

I am overwhelmed this evening with pleasure at the thought of being chosen your President. I conceive of no greater honor that can come to a physician in Texas than to be chosen the President of this great Association. While I feel fully the sense of honor conferred upon me, at the same time I am overawed with the great responsibility you have placed upon me. This honor has come to me unsought and unexpected. You will, therefore, excuse any nervousness on my part for I assure you that this shock lasted longer than any surgical shock I ever witnessed. I feel that this selection was not intended so much as an honor to me, or, as a reward for what I have done, although I have done what little I might for the State Medical Association. I am rather of the opinion that it was conferred upon me as a representative of that great body of Texas doctors hailing from the country towns and precincts, those men who have done their part so nobly in the profession in Texas. I feel an injustice may have been done this Association by not selecting one of the many men who are much superior to me in advantages and in acquaintanceship with the profession, and who have better facilities for carrying out the great work of the State Association. And for that reason it has embarrassed me very much, indeed, to come here and attempt to accept this mantle. I want to say that there is no man in this great body of men who has at heart the benefit of this Association more than I, and no man could feel more keenly the honor conferred upon him than I. As I said before, I accept it with due consideration to the great mass of physicians who have been brought up in the rural districts.

I am unable to conduct the progress of this Association alone. In fact, your President can only be one among you. Without your co-operation and help, I can do nothing; but I feel that I shall have the support of every man in this Association and especially those officers who surround me and have the work to do. I here ask that you give me your earnest co-operation and help. I want to say that I am open to convictions on any question. I would like to have help from any source. I shall have only one point in view during the year of my administration, and that is to do the very best I can to upbuild the profession in Texas, to get every legally qualified physician in this State into this organization and to seal all in one great mass of men having one common cause—the upbuilding of medicine in Texas, the alleviation of the sufferings of humanity and doing good to all men, both patients and others, who may come under our influence. (Applause.)

I want to say, gentlemen, that I come to you today with no plans, because this matter has been thrown upon me unaware, and for that reason I shall deliberately take into consideration all the duties of the office and according to my best judgment and belief, will administer them in fairness and justice to all.

I thank you very much, indeed, for this honor, and I hope that I may so work and lead this great body of men that when I retire you will at least not regret the action you have taken today. I thank you. (Great applause.)

Dr. M. L. Graves, in a few appropriate words, introduced as the newly-elected Vice-Presidents, Drs. J. M. Inge, Denton; A. Garwood, New Braunfels, and W. A. Woods, Corsicana, who briefly replied, stating their desire to advance the interests of the Association.

Dr. Cummings then introduced Dr. C. E. Cantrell, the retiring President, who said:

Ladies and Gentlemen:

In retiring from this honorable position I desire to thank you for the help that you have given to me during my term as President. When you called me from the Board of Trustees and placed me in the honorable position of President, I promised you that I would do the best that I could. If I had it to do over again I do not see how I could better perform my duties. In retiring from the office of President, I now step again to the Board of Trustees, where a man is supposed to work. The working positions in this life are the most elevated positions if we take the proper view. They talk about now relegating me to the graveyard. If they undertake to make a Trustee's position a graveyard for me, I will show them that I am the liveliest corpse in all this country. I propose to take care of your interest on every possible occasion, and in the best manner I know how. And I will do it with the same motto and spirit that I have manifested to you as President. In the language of my philosopher, poet and friend, James Whitcomb Riley, I will say:

"I have thought a power on men and things,
As my uncle used to say,
And if men don't work as they pray,
Why, there is no use to pray.
If you are wanting something, just dead and set
A pleading for it, with both eyes wet.
And tears won't bring it, why you try sweat."

(Great applause.)

I propose to lose as much sweat in the future as I have in the past, and thanking you again for your kindness shown to me, I desire now to yield this office and tender this gavel to my friend and successor, Dr. H. W. Cummings.

Dr. Cummings then introduced the newly-elected Councilors, Dr. N. J. Phenix, Colorado; Dr. H. J. Hamilton, Laredo; Dr. W. A. McCamley, Wharton; Dr. John T. Moore, Galveston; Dr. D. S. Wier, Beaumont, and Dr. G. S. McReynolds, Temple.

The meeting was then adourned *sine die* by the Chair.

MISCELLANEOUS.

THE CORPUS CHRISTI MEETING.

EXTRACT FROM LETTER BY A CORRESPONDENT.

I promised to write you a letter on the side lights of the Corpus Christi meeting. As you said, the real biography of a meeting is not contained in the minutes any more than one's personal history in an epitaph.

My first impression of Corpus was on awakening, as the sleeper crossed the long trestle that bridges Nueces Bay. The waves were rolling, now and then the sharp back fin of a fish would cut the water and the gulls were circling about. We seemed to be crossing a deep sea, but they told us that the line of posts to be seen marked a wagon road, the water being very shallow. The depot is in a large sandy plaza. When we arrived Tuesday morning the Corpus papers announced that seventy-five doctors were already on the ground. The newspapers of Corpus—the *Sun*, the *Herald* and the *Caller*—all gave careful reports of the convention. The *Caller* published pictures of the President and Secretary and the complete program. On Tuesday 500 people arrived. The Secretary said that 425 members registered and there were 450 to 475 doctors present, these with about 250 visiting ladies made the total number of visitors between 700 and 800. The crowds everywhere on trains, at hotels and at the meetings were larger than any one had expected. Perhaps this was due to the large number of pamphlets describing the advantages of Corpus Christi, sent out by the local doctors and the Commercial Club, also to the elaborate illustrated description of the place published in the State JOURNAL.

The city had made elaborate preparations for our coming. A large sum had been expended by the profession and citizens. The carriages and automobiles at the station were decorated with plaques resembling the State button, banners fluttered on the streets, the postcard stands had special convention postcards and folders containing views of physicians' residences, hospitals, etc. The pavilion in which the larger meetings were held presented one of the most artistic pieces of decoration I ever saw. The interior had been freshly painted white, along the walls was a six-foot frieze of palms and ferns. The same decorations were elaborately arranged over and about the stage. Between each window, on each pillar and over the stage were large plaques bearing the design of the State button. That button, by the way, has few, if any, competitors for artistic beauty and simplicity of design. There were thirty or forty of these plaques, some of them very large and painted in oil; one of these I noticed over the Seaside Hotel entrance.

The badges issued were among the happiest thoughts of the meeting. At the top was a metallic frame containing a card bearing the wearer's name, below this was a printed red ribbon and a pendant completed the badge, stating whether the wearer was a member, delegate or guest.

When the convention opened the white caps were rolling under the pavilion on the shore, the marine band was playing, the salt sea breeze blowing, the sun shining and every one had a feeling of well being. High winds and waves made it difficult at times to hear well in the pavilion. The morning *Caller* had placed in the seats copies of the convention poem which it had published that morning in the paper:

WHEN THE DOCTORS COME.

When the doctors come to Corpus
They will execute their purpose,
Then relax a while from labor and will play—
They will, on the waves at Corpus,
Rope and ride the plunging porpoise,
And they'll cut all sorts of didos in the bay.

With bathing suits adorning,
They will take a plunge at morning,
Another one at noon, and then at night
They will take their wives or sweethearts—
Or perhaps their wives and sweethearts—
And enjoy the billowy business out of sight.

Then when they've quit the waters,
They'll be rode around in autos
And be shown our farms and gardens, in their pride—
Rich in beauty, green and smiling,
Dressed in colors most beguiling,
To the novice eye, enticing as a bride.

And when through with such sightseeing,
Homeward then they will be fleeing,
To be wined and dined and feasted to their fill.
On both cabbage and cucumbers—
Colic rigors without numbers—
'Till each be forced to take the other's pill.

There will scarcely be a measure
To the limit of their pleasure,
In this little sun-kissed city by the sea—
For each widow, wife and daughter
Will do everything she'd "aughter"
To make their stay as pleasant as can be.

And each husband, lover, brother,
Will connive with one another
To institute new stunts at making fun;
They have spared nor time nor dollars—
Blistered hands and melted collars—
To show the Medicos what can be done.

But I'm afraid what more is,
They will tell some awful stories,
When they once again their friends and patients greet;
And when they go home they'll harp on
How they caught the silvery tarpon
In lengths from seven to eleven feet.

How on the bay at Corpus,
Each astride a snorting porpoise,
They raced around the Beacon, back to shore;
How they rested on the billows,
With the wavelets for their pillows,
Then caught their slippery steeds and raced some more.

Then hurrah for Corpus Christi!
"Where the cedar trees are twisty."
And where half-way measures never are employed;
Where each separate attainment
In the way of entertainment
Is pronounced "The Best" of all the joys enjoyed.
—*Allen H. Holmes.*

About 150 visiting ladies left the seaside in autos and carriages for the complimentary drive at 10 a. m., Wednesday. Mrs. J. J. Turpin led the drive in the first machine. They visited the Spohn Sanitarium, where punch was served; then drove over the sand and shell roads of the city, and finally reached the Alta Vista Hotel. This is the most commodious and quiet hotel on the beach, two miles from the city. The local reception committee received the visitors on the first and second floors, where punch was served and everyone introduced.

The reception at Mrs. A. E. Spohn's residence was a beautiful and elaborate affair. She received with Mrs. G. R. Scott and the wives of local physicians. This home is one of the most beautiful and spacious in Texas, filled with American and foreign art, statuary and bric-a-brac. It was beautifully decorated with flowers, an orchestra furnished music and delightful refreshments were served. About 125 visiting ladies called.

I suppose the minutes will give a good account of the real work accomplished. Everything moved smoothly except the Memorial Exercises. A large audience gathered, but not a member of the committee was present to conduct the service, nor had they made any arrangements to have them held in their absence. The peculiar nature of the exercises made the neglect particularly regrettable.

There was an alumni smoker given by the alumni of the State University at 9 p. m., on Wednesday, at Mr. Sam Rankin's residence. A jolly time is reported.

The fish fry at Epworth-by-the-Sea attracted 800 to 1000 people. The Sap train carried us out. Chairs and tables had been arranged in the pavilion and on the grounds. A delicious fish supper was served—no one ever tasted fresher or better cooked fish. The linen and flowers and Mexican band all gave it a tone quite unusual for a picnic or barbecue. We had some interesting speeches afterward from Mr. Joe Hirsch, President of the Commercial Culb; Dr. Cantrell, Dr. Meyer of New Orleans, Dr. Saunders, Dr. Jeff Davis, Dr. Marvin Graves and Dr. Chase. Dr. Jno. O. McReynolds was toastmaster. The outing closed by singing "Auld Lang Syne." A dance given at the Alta Vista after the fish fry was enjoyed by about 150, at which a dainty supper was served.

The climax of the social feature for ladies was the elaborate course dinner given at the Seaside Pavilion. This pavilion is a beautiful, three-story structure built over the bay. On the dancing floor of the second story, tables for 142 ladies were arranged in a U-shape. A band, beautiful floral decorations, and dainty menu cards added to the occasion. Mrs. Henry Redmond, wife of the President of the Nueces Medical Society, presided as toastmaster. Toasts, music, a brisk sea breeze and the noise of the waves, together with some very good eating, enlivened a large part of the afternoon.

The principal trains north were delayed until midnight of the last day and a closing ball at the Seaside pavilion was given. A terrible rain kept the less enthusiastic members from attending, but those present had a delightful time.

The sea bathing was enjoyed morning, noon and night by large crowds. The beach is almost ideal, and bathing arrangements perfect. Special rates were on to Rockport and Brownsville, and many stayed over a day or two for side trips and fishing. Very few had boat rides on account of prevailing high winds.

As I look back upon it, the meeting seems like a pleasant dream—undoubtedly the most delightful social session ever held by the Association, and good from a scientific standpoint.

Physicians in Politics.—105 physicians recently went to the Ohio State convention as delegates of one of the leading parties. For the first time in the history of this country, a State convention adopted a platform declaring in favor of the organization of a National Department of Health. The presence and votes of these medical men contrasted favorably with the ancient method of professional prayers and petitions. The example is worthy of emulation.

REPORT OF MEETING OF HEALTH OFFICERS, CORPUS CHRISTI, MAY 14-15, 1908.

For some years it has been customary for municipal and county health officers to meet annually. This year the State Health Officer, Dr. Wm. M. Brumby, by diligent correspondence and much urging, secured the largest representation of these officers ever held in the State; over 100 were present at the Corpus Christi meeting.

On the night of Thursday, May 14, at the Elks' hall, at 8 p. m., about eighty health officers met and appointed a Committee on Permanent Organization, consisting of Drs. E. P. Parsons, Palestine; J. M. Andrews, Wharton, and J. W. Blasdell, Ballinger. Dr. Wm. M. Brumby was temporary Chairman, and Dr. L. B. Bibb, Galveston, was temporary Secretary. At this evening session verbal and written reports were heard from various parts of the State regarding local interest in sanitation of jails, courthouses, slaughter houses, dairies, meat markets, etc., what health forces are now organized and the number of men employed, efforts being made to have pure food and milk inspection, local quarantine problems, the percentage of births and deaths now reported, etc. Dr. C. W. Trueheart, Galveston, read a valuable paper on "Common Sense in Scientific Quarantine Methods."

At the next session, Friday morning, the Committee on Permanent Organization reported. A constitution and by-laws were adopted and a comprehensive plan of organization perfected. The organization is in the hands of a central Executive Committee, consisting of one health officer from each of the sixteen Congressional Districts. The members of this Executive Committee will undertake to unite the city and county health officers in their districts and boards of health into local organizations for mutual education, for securing better ordinances, for co-operation in the event of epidemics, and to support each other and the State Health officer whenever necessary in advancing the interests of sanitation and public health. The following executive committee was appointed for 1908:

Dr. Wm. Brumby, State Health Officer, President; Dr. L. B. Bibb, Galveston, Secretary; Dr. D. J. Jenkins, Daingerfield; Dr. Holman Taylor, Marshall; Dr. B. J. Hubbard, Kaufman; Dr. W. C. Bryant, McKinney; Dr. J. H. Florence, Dallas; Dr. W. C. Blalock, Kosse; Dr. E. B. Parsons, Palestine; Dr. J. W. Scott, Houston; Dr. J. M. Andrews, Wharton; Dr. E. M. Thomas, Williamson; Dr. Marcus Smart, Eddy; Dr. R. B. West, Fort Worth; Dr. J. S. Wilkins, Wellington; Dr. L. G. Wille, New Braunfels; Dr. W. W. McGregor, Laredo; Dr. J. W. Blasdell, Ballinger.

Many valuable papers were read, and the following resolutions adopted:

MEMORIAL TO THE TEXAS STATE LEGISLATURE REQUESTING STATE TUBERCULOSIS SANITARIUM.

Whereas, It is an established fact that tuberculosis in its many forms and stages is found among the inmates of the State institutions and little effort at segregation is possible to be made whereby the unfortunate victims might be benefited by appropriate treatment, or prevent their becoming a menace to the health of others; and

Whereas, The disease is fast becoming known as a poor man's disease because of his inability to procure proper treatment, diet and climate, and because of his inability to protect his family against the infection—partly from his own environments and partly to his gradually becoming inured to his disease and to his condition in life—want of hope and lack of intelligent training; and

Whereas, Our climate, pure atmosphere, and maximum of sunshiny days is attracting tuberculous invalids from other States and many are in indigent circumstances and a charge on the charities of an already burdened community—a further menace; and

Whereas, Many other States have already awakened to a sense of their responsibility and have provided sanatoria for their indigent tuberculous, thereby lessening the danger of infection to others and are urging Legislatures and philanthropists to lend aid to those unable to assist themselves; and

Whereas, Believing as we do that all contagious and infectious diseases are preventable and amenable to treatment, and furthermore, that it is incumbent upon a prosperous and en-

lightened State like this to care for its unfortunates, not only from a humane standpoint, but with a view of protection to others; and

Whereas, To sum up in a word the sanitarium: *First*, relieves the State of its present responsibility in caring for its charges by force of circumstances are penned up together to contract diseases possible to prevent;

Second. It offers the invalid the most practical method, which, under favorable conditions would cure or arrest disease and at the same time acquire hygienic education in its prevention;

Third. It relieves the community of one more nidus of infection;

Fourth. A valuable educational factor in the care and prevention of the disease;

Fifth. A definite and important place for scientific study and investigation of the disease and its complications, which can scarcely otherwise be obtained; therefore, be it

Resolved, That the members of the next Legislature separately and collectively be requested to make an appropriation of not less than one hundred thousand dollars for the construction, establishment and maintenance of a sanitarium for the care and treatment of the State's tuberculous patients. Be it further

Resolved, That in order that an influx of such immigration from other States does not occur and fill such institution that one of the requirements for entrance be that the applicant shall have been a bona fide resident of this State for a period of three years; and be it further

Resolved, That this memorial be presented to the next Legislature by a committee from this body appointed by the Central Executive Committee of this Association.

Before the close of the session the health officers were given a fine sail on the bay.

THE ATTORNEY GENERAL'S RULING ON STATE MEDICAL BOARD MATTERS.

Dr. G. B. Foscue, Secretary State Medical Board, Waco, Texas:

DEAR SIR: In your letter of the 9th inst., you make the following inquiries:

"1. Is the holder of a certificate issued by one of the State Boards of Medical Examiners under the law of 1901 entitled to verification license upon same when same was obtained by an examination and bears the signature of only six members of said Board?

"2. Is a certificate valid which was granted by one of the State Boards under the law of 1901, issued at a meeting of said Board, in which there were at no time more than five members of said Board present?

"3. Would the secretary or any other member of one of these Boards have the right to sign the name of an absent member, and if so, would these certificates so signed entitle holder to verification if this name was signed by one holding a power of attorney?

"4. Would you consider the certificate valid granted upon reciprocity or approved credentials from some other State which were signed at a meeting in which there were only five members actually present and the sixth name was affixed thereto by the secretary of the board who claims that he holds the absent member's power of attorney to so do?"

In reply thereto, you are advised as follows:

1. I am of the opinion that a certificate bearing the signatures of only six members of the Medical Board under the law of 1901 is an invalid certificate. It is true that First Sayles Supplement, Article 3779, provides that six members of the Medical Board under the law of 1901 shall constitute a quorum to transact business, but Article 3780 requires that the certificates issued by the Board shall contain the signatures of all members. It is, therefore, very clear that if the Legislature had intended that the six members should transact all business, including the issuance of certificates, that it would certainly have omitted the requirements in Article 3780, which requires the signatures of the entire Board. Where the law requires all members of a board of officers to act, the action of a part of such board is insufficient.

People vs. Coghill, 47 Cal., 361.

Powell vs. Tuttle, 3 N. Y., 396.

2. I am of the opinion that five members of the Medical Board could not transact any business of any kind or character under the law of 1901, except to adjourn, and a certificate granted and issued by the Board at a meeting with less than a quorum is an invalid certificate.

3. I am of the opinion that under the Act of 1901 a member present having authority to sign the name of an absent member, if there is no other question involved, would have the right to sign the name of such absent member to a certificate authorized by the Board. It would be wholly immaterial in my opinion whether the member present acting in that respect for an absent member had a power of attorney or not. If he had the authority to sign the name of an absent member to the certificate when the certificate was properly and legally authorized I think it would be sufficient if the name of the absent member was signed in this way.

In other words, it is my opinion that a member of a board of State officers, such as a medical board, could authorize another member to perform for him any ministerial duty and the signing of his name to a certificate properly authorized to be issued would simply be a ministerial duty. An absent member, however, could not authorize a member present to act for him in the passing upon the question of granting the certificate, as that would be a question involving the judgment and discretion of the members present and neither of them could act in that particular for an absent member.

Powell vs. Tuttle, 3 N. Y., 396.

Cowen vs. Murch, 97 Tenn., 590.

4. I am of the opinion, as above stated, that no business of any kind or character was authorized to be transacted by the Medical Board under the law of 1901 at a meeting with less than six members present, except to adjourn such meeting. The fact that one of the five present held a proxy or power of attorney, or any other authority from an absent member, would not be sufficient to complete a quorum and only a quorum could transact the business of the Board, and unless a quorum was present and authorized the certificate, it would not be valid, though signed by all the members of the board.

Yours very truly,

R. V. DAVIDSON,
Attorney General.

Austin, Texas, May 16, 1908.

NEWS.

The Meeting of State Examining Board will next occur at Waco, June 30, at the High School building at 9 a. m. Applicants for license to practice medicine should bring their diplomas for inspection. Applications must be filed with the Secretary of the Board, Dr. G. B. Foscue, Waco, by June 20.

Dairy Sanitation in Galveston.—According to Dr. C. W. Trueheart, City Health Officer of Galveston, all milkmen of that city are required to post on their wagons certificates indicating that their dairies have been inspected by the health authorities. This certificate guarantees that the dairy is in a thoroughly sanitary condition.

Be a Delegate to the Congress on Tuberculosis.—All members of the State Medical Association of Texas who propose to attend the Congress on Tuberculosis in Washington, September 21 to October 12, 1908, should apply to the State Secretary's office and secure delegates' certificates authorizing them to represent Texas in the meetings of the Congress.

President Roosevelt Accepts Presidency of Congress on Tuberculosis.—On May 12th, President Roosevelt sent to Dr. L. F. Fleck, Chairman of the Committee of Arrangements for the International Congress on Tuberculosis, a long and cordial letter accepting the Presidency of the Congress and expressing his appreciation of the value of the Congress and the importance of the work.

Doctors Hurt in Collision.—On May 15th, the Katy Flyer collided with a freight train three miles from Muskogee, Oklahoma. Two people were killed and among those injured are Dr. L. E. Kelton, Corsicana, eye injured and several cuts and bruises; Dr. J. J. Dial, Sulphur Springs, a member of the State Medical Examining Board, face and hands cut and arm injured. Mrs. J. J. Dial was cut about the head.

Fort Worth Nurses' Training School Graduation.—On May 27th, eleven young women graduated from the Training School for Nurses at St. Joseph's Infirmary, Fort Worth. This is the first graduating class of nurses in this city. An interesting program was given in the clinic room at the hospital. After the commencement exercises a banquet was held at which the doctors and their wives and friends were present.

The Physio-Medical College of Dallas has combined with the College of Medicine and Surgery of Chicago (Physio-Med). This is interpreted to mean that the College will either close its doors, or give preliminary courses preparing for the Chicago institution. Such action is inevitable if some of the schools of Texas do not desire to absolutely close, as they are unable to acquire the equipment or maintain the standards laid down by the recent ruling of the State Board of Medical Examiners.

Registration of Tuberculosis Patients at El Paso.—Dr. F. P. Miller, of El Paso, in discussing the matter of handling tuberculosis patients, stated that a system of registration had been adopted in that city, requiring all consumptives to register upon their arrival there. They are kept under strict supervision of the health authorities. When they move from one room to another, or from one abode to another, the room is disinfected and a notice posted therein indicating when the room was last disinfected. The consumptives themselves are co-operating with the authorities in these measures.

New Councilor Plans.—At the annual meeting of the Board of Councilors, Dr. W. B. Russ was re-elected as Chairman of that Board, but Dr. John T. Moore, Galveston, was elevated to a new office, that of Vice-Chairman, as a means of preparation for the duties of the Chairman's office upon that official's retirement. A plan was also adopted by the Councilors for monthly Councilor letters, as some one remarked, "to more evenly distribute the enthusiasm of Drs. Fly, Taylor, Russ and others," to the end that the Councilors may become more interested and efficient. A midwinter Councilors' meeting will be called next January.

Gift to Sunshine Society in Behalf of Feeble-Minded Children.—At the recent convention of the International Sunshine Society in Houston, Mrs. Emma Moore Barrett, of Austin, deeded a tract of land to the Sunshine Society for the purpose of erecting a home for the care of feeble-minded children. The land is situated on the Colorado River just above the State Capitol. Mrs. Cynthia Westover Alden, President-General of the society, placed the land under the management of the Texas branch. It was announced that sufficient lumber to build the home had been donated by the Kirby Lumber Company.—*Houston Chronicle.*

New and Non-Official Remedies.—The following articles have recently been approved by the Council on Pharmacy and Chemistry of the A. M. A.:

Leeithin Solution (Fairehild Bros. & Foster).
Lecibrin.
Glycerole Lecithin.
Casca-Laxative (H. K. Mulford Co.).
Bismuth Hydrate Comp. (H. K. Wampole Co.).
Liquor Sedans (Parke, Davis & Co.).
Liquor Sedans Rx2 without sugar (Parke, Davis & Co.).
Liquor Sedans with Cascara (Parke, Davis & Co.).
Dry Peptonoids (soluble), Arlington Chemical Co.

New Edition of "New and Non-Official Remedies."—The third edition of the booklet, "New and Non-Official Remedies," has just been issued from the press of the American Medical Association. This is a reprint from the *A. M. A. Journal* of articles tentatively approved by the Council on Pharmacy and Chemistry. The book contains a detailed description of the composition, action, uses, and dosage of 691 remedies so far approved, manufactured by thirty-seven pharmaceutical houses. The work shows a steady growth in size and importance. The Council is doing an invaluable service in demonstrating what is valuable in proprietary pharmaceuticals. Every physician should possess one of these volumes, which can be obtained for 25 cents from the American Medical Association, 103 Dearborn Avenue, Chicago.

Medical Emergencies.—The National Volunteer Emergency Service, instituted in 1900, has recently been reorganized by the election of Dr. James Evelyn Pilcher, the distinguished editor of *The Military Surgeon,* as its Director General, and Dr. F. Elbert Davis, of New York, as its Adjutant General. Its work will be conducted along military lines, the details being worked out in three separate Corps, a First Aid Corps, a Public Health Corps, and a Medical Corps—the latter consisting of physicians, with rank from Lieutenant to Colonel, according to length of service, to whom are afforded special opportunities for emergency training. It includes among its personnel a large number of notable personages, and is rapidly extending its membership throughout the country. Full details regarding the service and its great work may be obtained by addressing Director General Pilcher at Carlisle, Pa.

Meeting of the Medical Association of the Southwest.—The Medical Association of the Southwest will hold its next annual meeting in Kansas City, Missouri, October 20 and 21, 1908. This medical association is composed of members from the following five States: Kansas, Arkansas, Oklahoma, Texas and Missouri.

Kansas City is an ideal convention city, being the second largest city in the territory of the Association, and, being amply supplied with hotels, there will be no difficulty in accommodating the visiting members.

The committee of arrangements is even now actively at work making plans to taking care of those who attend. The Secretary, Dr. F. H. Clark, El Reno, Oklahoma, is preparing a very strong program, and this, together with Kansas City's popularity as a meeting place, will swell the number of attendants above what it has been at any previous meeting. Entertainment will be furnished in abundance, especial provisions being made for the visiting ladies. Keep this date open and arrange your business so you can attend.

Dr. John Punton, 532 Altman Building, Kansas City, is Chairman of the Committee of Arrangements and will be glad to answer any communication relative to the meeting.

DISTRICT SOCIETIES.

FIRST OR EL PASO DISTRICT.

The El Paso County Medical Society held a special session on the evening of May 4th at which meeting Dr. W. A. Evans, Health Commissioner of Chicago and Professor of Pathology at the University of Illinois, gave a very interesting and instructive leeture on *"Consumption, Its Prevention and Care."*

The regular meeting of the society occurred on the evening of May 9th, at which an interesting program was presented.

On the evening of May 23rd a social session was held. A Dutch luncheon was served and a good time was reported by all who attended.

THIRTEENTH OR NORTHWESTERN DISTRICT.

The Northwest Texas District Medical Society held tis thirtieth semi-annual meeting in Bowie, May 19th, with twenty-five members present. The following program was rendered: *"Electricity in Medicine,"* Geo. D. Bond, Fort Worth; *"Simulation of Insanity in Criminal Cases,"* Jno. S. Turner, Fort Worth; *"Corneal Ulcers,"* H. L. Warwick, Fort Worth; *"Puerperal Sepsis,"* Chas. H. Harris, Fort Worth; *"Report of Case,"* Sneed Strong, Bowie; *"Prostatitis, with Exhibition of Pathological Specimen,"* W. C. Duringer, Fort Worth. The papers were clear and well presented. The discussions were scientific and thorough. The society enjoyed a theater party and dinner in the evening, at which a number of brilliant toasts were given. The next meeting will be held in Wichita Falls, October 13th.

FOURTEENTH OR NORTHERN DISTRICT.

The Fannin County Medical Society met in Bonham, May 7th with twenty members present. This was the surgical meeting of the year and the following program was presented: *"Indications for Surgical Interference in Nasal Obstruction,"* Dr. Carter, Denison; *"Surgical Diseases and Injuries of the*

Cervix," H. A. McDaniel, Bonham; *"Relation of Fractures and Dislocations to Damage Suits,"* M. J. Shaw, Randolph; *"Appendicitis,"* J. E. Nevill, Bonham. Dr. R. E. Lee presented a skiagraphic plate of a shoulder joint of a clinical case which had previously appeared before the society and elicited much discussion and numerous diagnoses.

The Grayson County Medical Society met in Denison, May 5th, with an attendance of sixteen. The program was short, consisting of a paper, *"Expert Testimony in Railway Injuries,"* by Dr. J. T. Wilson. The time was then devoted to a discussion of *Contract Practices.*

The Denton County Medical Society met in regular session May 5th, with an attendance of ten. The following program was presented: *"Fractures,"* Dr. Ray, Bartonville; *"Acute Auto-Intestinal Intoxication,"* W. C. Kimbrough, Denton. Several interesting clinical cases were reported.

District Personals.—Dr. D. M. Ray, of Whitewright, for twenty-five years a member of the Grayson County Medical Society, died of paralysis from apoplexy, May 7th.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Bowie County Medical Society met in called session at Texarkana, April 30th, for the purpose of discussing matters of general interest with Councilor Dr. Holman Taylor, of Marshall. A good attendance was recorded, and the questions brought up by Dr. Taylor thoroughly and freely discussed. Ethics, fees, verification licenses, politics, proprietary and patent medicines, and State sanitation were the main subjects discussed.

The Camp County Medical Society met in Pittsburg, April 16th, with a large attendance. Dr. R. J. Swaim, of Pittsburg, was elected Delegate, after which the meeting was given over to Dr. Holman Taylor, Councilor for the district, who addressed the society at length. After some discussion of the questions raised by Dr. Taylor the society adjourned.

The Gregg County Medical Society, after some few months of inaction, met in Longview, April 29th, and turned over a new leaf. An attendance of over fifty per cent was recorded, and some enthusiasm noted. The following officers were elected for 1908: President, M. B. Feemster, Longview; Secretary-Treasurer, L. N. Markham, Longview; Censor, W. B. Northcutt; Delegate, J. T. Allison, Gladewater; Alternate, W. M. Cole, Longview. The following were appointed as Committee on Public Policy and Legislation: D. B. McPherson, C. M. Mooring and E. E. Terry. The time of meeting was changed to the first Tuesday in each month. Councilor Drll Holman Taylor was present and addressed the society.

The Franklin County Medical Society met in called session in Mt. Vernon, April 15th. The meeting was called for the purpose of conferring with Councilor Dr. Holman Taylor. After the talk of Dr. Taylor the questions raised were thoroughly discussed by those present.

The Harrison County Medical Society met in Marshall, May 5th, with a large attendance. Dr. Z. E. Vaughan read a paper on *"Foreign Bodies in the Abdominal Cavity; Relief Without Operating."* Dr. Holman Taylor read a paper on *"Psychoneuroses."* Both papers were fully discussed. Dr. Rogers Cocke was elected Delegate, vice Dr. S. F. Vaughan, resigned.

The Red River County Medical Society met in Clarksville May 8th, with a full attendance. This meeting was the social meeting of the year, and an elegant spread had been prepared by the committee in charge. Quite a number of invited guests were present, and a very enjoyable time had by all. After dinner two very interesting clinics were presented by Drs. B. A. Dinwiddie and J. B. Griffin, which were examined and discussed fully.

District Personals.—The following visitors to Gilmer were noted during the latter part of April: Dr. A. H. McCord, Rusk; Dr. M. E. McClure, Alto; Dr. C. L. Gregory, Superintendent of the State Asylum for the Insane, Terrell.

Dr. H. Thornton, of Pittsburg, is attending commencement exercises of his alma mater, Barnes Medical College, St. Louis.

Dr. E. E. Bryson, of Pittsburg, is attending Polyclinic in New York.

Dr. Holman Taylor, of Marshall, spent a few days c
crutches during April, account of a strained ankle.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM APRIL 20 TO JUNE 1.

D. W. S. Thomas, from Houston to El Campo.
M. L. Eidson, from Hallettsville to San Antonio.
S. P. Smith, from Canton to Whitesboro.
J. A. Humphrey, from Henrietta to Houston.
W. M. Clark, from San Antonio to Floresville.
R. T. Boylin, from Willow City to Harper.
Jno. W. Leonard, from Peters to Abilene.
L. H. Miller, from Stephenville to Chickasha, Okla.
E. D. Bernard, from Port Arthur to Boston, Mass.
W. J. Shipp, from St. Louis, Mo., to New Salem, Texas.
Theo. Y. Hull, from Boerne to San Antonio.
J. W. Cole, from Lakota to Millsap.
T. V. Bishop, from Dallas to Medill.
A. S. Holley, from Peters to Brady.
C. V. Bomar, from Beaumont to Laurelia.
W. R. P. Thompson, from Smithville to Coatzaoalcos, Vera Cru Mexico.
David C. Homan, from Dallas to Oglesby.
Earl Dycus, from Fort Worth to Juno.
Thos. Odell, from Buffalo to Cooledge.
J. E. Stroburg, from Austin to Manor.
W. M. Cole, from Longview to Cleburne.
W. H. Lewis, from Bluegrove to Henrietta.
A. E. Thayer, from Galveston to New Orleans.
H. L. Grant, from El Campo to Elmira.
Wm. A. Wood, from Charleston to Commerce.
J. O. Briscoe, from Del Rio to Sonora.
Alfred G. Heaney, from Denver, Colo., to Corpus Christi.
J. G. Jones, from Galveston to Smithville.
J. S. Wheeler, from Gatesville to Coryell.
J. J. Seale, from Centerville to Teague.
Wm. Lowry, from Guy to Teague.
N. E. Greer, from Gorman to Comanche.
Chas. H. Breuer, from Taylor to 400 Congress Ave., Austin.
Geo. W. Bolin, from Loving to Texline.
R. H. Huvelle, from Dallas to New York City.
J. R. Nichols, from New York City to Greenville.
J. L. Boyd, from Hamlin to Winfield.
B. F. Rhodes, from Galveston to Breckenridge.
R. T. Alexander, from Houston to Humble.
W. C. Montgomery, from Carbon to McLean.
W. R. Dashiell, from Rio Grande City to Falfurrias.
W. J. Brewer, from Emblem to Ochiltree.

NEW TEXAS MEMBERS OF THE A. M. A. FOR APRIL 1908.

Blair, S. F., Klondike.
Burnett, J. H., Kopperl.
Callan, G. P., Proctor.
Dodge, S. T., Corpus Christi.
Graham, W. A., Falfurrias.
Holliday, Margaret, Austin.
Laidaeker, N. E., China.
McElhannon, M. P., Belton.
Watson, J. T., Dallas.

DEATHS.

Dr. W. L. Johnson, of Giddings, died at his home, May 11th after an illness of several months. He was born at Lexington, Mississippi, June 8, 1833. When he was two years old his parents moved to Kentucky and located near Bowling Green. Here he received his early education, and at the age of seventeen began teaching. He continued teaching and attending school alternately until he graduated in medicine from the University of Louisville in the class of 1858, aged twenty four. He practiced in Kentucky until the following year when he came to Texas and settled in Lexington, then in Burleson county. He remained here until the beginning of the Civil War, when he went to Bastrop and enlisted in Terry's famous regiment of Texas Rangers, where he became surgeon of this regiment. After his command crossed the Mississippi he was placed in charge of the Confederate hospital at Camp tillion Springs, near Durant, Mississippi. His superior medical skill was recognized, and he remained in charge of the hospital until his health failed; then he was assigned to duty as medical examiner for the army. Regaining his health, he was again put in charge of the hospital. He was a personal friend of General Albert Sidney Johnston and served under his command. Returning to Texas after the surrender, he located at Evergreen, Washington county, and resumed regular practice. While here he married Miss Mary A. Doak of Lexington, Texas, in 1866. Then he resided for a short time at Lexington. When the town of Giddings was surveyed in 1872, he became one of the first settlers and lived there until his death. Dr. Johnson was of illustrious ancestry and was a patriot by inheritance. He was a third cousin to Patrick Henry and to James Madison, and a second cousin to Andrew Johnson.

Dr. Johnson was a leading spirit in the creation of Lee county from parts of other counties, and was a man of public spirit who helped in every laudable enterprise. He had practiced medicine for half a century and stood high in his profession. He was a member of the State Medical Association and has served as President of Lee County Medical Society. He was a devout Christian and a member of the Masonic Lodge. He was county health officer of Lee county, and up to within a few months of his death an active practitioner. His wife and four children survive him.

Dr. Thomas Edgar Schumpert, of Shreveport, La., died May 15 of typhoid fever. He was born in Bethany, Caddo Parish, Louisiana, forty-five years ago, and was the only child of Dr. John Ira and Mrs. Mary Pauline (Holt) Schumpert.

He was given the advantage of a common school education. He began the study of medicine under Dr. David Y. Yandell, a noted surgeon of Louisville, Ky. In 1882 he matriculated in the University of Louisville and graduated with distinction in 1884, and immediately returned to his native State, locating in Bethany. Later he accepted a partnership with his preceptor and friend. In the course of a short time his health gave evidence of decline so he returned to this section and formed an association with Dr. O. L. Abney, at Lafayette, Texas. A position as house physician to Allen's Infirmary was tendered him and he accepted. It was here he first displayed evidence of his ability as a surgeon, and soon he was offered the position of first assistant surgeon to Charity Hospital. So satisfactory were his services that the Board of Trustees unanimously elected him house surgeon at the next annual meeting. While there he successfully ligated the subclavian artery, which gave him a national reputation.

Early in 1898 he opened the Schumpert Sanitarium. Later he secured the Y. M. C. A. building on Milam street and converted it into a modern sanitarium, but the business increased so rapidly that this was soon found inadequate, when the present building was purchased and the name changed to the Shreveport Sanitarium. The demands upon his time for private work forced him to resign the Charity Hospital in 1899. In the Shreveport Sanitarium his best work was done.

For many years he was a member of the Shreveport Medical Society and its President in 1900. He was also a member of the Louisiana State Medical Society and its President elected 1901, the growth of which was very conspicuous during his administration; he was also a member of the Southern Surgical and Gynecological Association, the American Medical Association, the Tri-State Medical Society (of which he was one of the founders and vice-presidents), the Cotton Belt Railway Surgeons' Association and several others. He enjoyed the distinction of being the chief surgeon to the Louisiana Railway and Navigation Company, division surgeon to the Kansas City Southern Railway and local surgeon to the Vicksburg, Shreveport and Pacific, the Texas and Pacific, the Missouri, Kansas and Texas, the Cotton Belt and the Shreveport Electric Railway companies.

During 1903 he joined with several others in establishing the *Medical Recorder* and was vice-president of the company up to his death. That same year he was appointed by Governor N. C. Blanchard a member of the State Board of Health, of which he was made vice-president. During 1905 he was appointed president of the Shreveport City Board of Health, and no one ever had cause to complain of his administration. In addition to all these places of trust he was medical examiner for many of the leading life insurance companies.

Dr. Schumpert was prominent in almost every local enterprise looking to the upbuilding and advancement of Shreveport. Among other commercial positions he was a director of the Commercial National Bank, the State Fair Association, the Progressive League, etc. During his life he accumulated a handsome competency. After providing liberally for his father, his nearest relations and some friends, he bequeathed to the Sisters of the Incarnate Word the Shreveport Sanitarium and the residue of his estate, which will amount to more than one hundred thousand dollars, with the understanding that the Sisters are to add one hundred thousand dollars and erect a modern institution, in every respect, to be known as "The Schumpert Memorial Sanitarium." Thus has he perpetuated his memory.

BOOK REVIEWS.

Surgery: Its Principles and Practice. In five volumes. By sixty-six eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, $7.00 net; half Morocco, $8.00 net.

This is the third volume of Keen's great work on Surgery. The set of five volumes is without doubt the greatest exposition of modern surgery, and this volume, Volume 3, is the most notable volume yet issued. It consists of 18 chapters. Each chapter represents a complete and original monograph by an authority of recognized eminence. It covers the surgery of the head, neck, thorax, abdominal wall, peritoneum, stomach, liver, pancreas and spleen. Cranial surgery received marked attention at the recent meeting of the A. M. A. The first chapter in this volume is by Dr. Harvey Cushing, a principal contributor on this subject at the national meeting. The chapter on Diseases of the Thyroid is written by Dr. Albert Kocher, of Berne, Switzerland, and presents the best in goitre surgery. The chapter on Stomach Surgery is by Mayo Robson and the chapter on Surgery of the Biliary Apparatus by Drs. William and Charles Mayo. Surgeons who keep up with their work can not be without this volume.

A Treatise on Diseases of the Skin. For the use of advanced students and practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth Edition, Revised. Handsome octavo of 1150 pages, with 267 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.00 net; half Morocco, $7.50 net.

The present fifth edition represents a revision from the standpoints of both elision of unnecessary or obsolete material, and addition of new matter, reflected in investigations and literature since the appearance of the last edition. The size of the volume has been increased but fifteen pages, but much new matter has been added. It also contains fifteen new illustrations that are excellent because of their clinical and diagnostic value. The different chapters are well arranged and clearly presented. Those that were rewritten present much that is new and instructive to the student. A few subjects, though treated briefly, are presented for the first time in this edition. This work is an excellent one for the general practitioner because it treats practical subjects in a sufficiently complete manner as to give a full comprehension of the symptomology, diagnosis and treatment of the various affections with which they are most likely to come in contact. This accounts for the plain and detailed way the symptoms are presented. For the same reason considerable attention has been given to diagnosis. Pathology and pathologic history is given an important place. The book was revised with the view of helping the general practitioner who may desire to study some particular skin disease, and as being a time saver to those whose practice is limited to skin diseases.

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MAY 12, 1908

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Howard, E. L., Bangs.
Hutchinson, J. W., Ebony.
Lane, H. G., Blanket.
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Oldham, J. P., San Antonio.
*Paschal, F., San Antonio.
Porter, G. L., San Antonio.
*Quillian, C. C., San Antonio.
Robbie, Mary K., San Antonio.
Robinson, R., San Antonio.
*Russ, W. B., San Antonio.
Shropshire, L. L., San Antonio.
Spring, J. V., San Antonio.
Springer, J. G., San Antonio.
*Stout, B. J., San Antonio.
Taylor, C. W., San Antonio.
Terrell, F., San Antonio.
Towne, Col. F. L., San Antonio.
Touchstone, R. B., Bexar.
Tricce, J. H., San Antonio.
Trolinger, H. J., San Antonio.
Warfield, C., San Antonio.
Watson, D. A., Schertz.
Watts, G. G., San Antonio.
Weinfield, L. M., San Antonio.
Whitehead, Thos. C., San Antonio.
Withers, R. L., San Antonio.
*Witte, B. E., San Antonio.
Wolf, W. M., San Antonio.
Young, F. E., San Antonio.

COMAL COUNTY MEDICAL SOCIETY.

Barnwell, J. F., Johnson City.
Dunn, E. M., Hunter.
Fulcher, R. L., Blanco City.
*Garwood, A. (President), New Braunfels.
Leonards, H., New Braunfels.
Noster, A. H. (Secretary), New Braunfels.
*Reeve, W. T., Boerne.
*Wille, L. G., New Braunfels.

GONZALES COUNTY MEDICAL SOCIETY.

Aldenhoven, Carl, Gonzales.
Beverly, H. H., Smiley.
*Brassell, T. C., Cash.
Brookes, R. C., Waelder.
Boothe, S. P., Cheapside.
Davis, W. J., Wrightsboro.
Dawe, W. T., Gonzales.
*Dexter, L. G., Harwood.
*Dorsett, Theo., Gonzales.
English, E. W., Slayden.
*Fly, J. M., Leesville.
Fouts, J. J. (Secretary), Gonzales.
Hargis, W. H., Nixon.
Henderson, J. C., Waelder.
*Hensley, J. W., Dewville.
Hildebrand, W. J., Gonzales.
Hinton, F. J. (President), Gonzales.
Holmes, Geo., Leesville.
Horton, R. W., Ottine.
*McCaleb, J. H., Gonzales.
McCaleb, G. W., Gonzales.
Nichols, H. C., Lockhart.
*Parr, A. B., Oak Forest.
*Robertson, H. W., Waelder.
Smith, J. C., Pilgrim.
Tate, R. C., Gonzales.
*Williamson, C., Belmont.
Woolsey, J., Nixon.

GUADALUPE COUNTY MEDICAL SOCIETY.

Beakley, S. S. (President), Seguin.
Grace, M. B., Seguin.
*Greenwood, Jas., Jr. (Secretary), Seguin.
Hirschfield, L., Marion.
*Knolle, R. L., Seguin.
McMillan, B. F., Sam Fordyce.
*Moore, T. W., Seguin.
Myers, Wm., Seguin.
Pearson, O. G., Seguin.
*Stamps, A. M., Seguin.
*Williams, W. C., Staples.

KARNES COUNTY MEDICAL SOCIETY.

*Anderson, A. M., Kenedy.
Buhring, Theo., Nordheim.
Hammock, R. L., Kenedy.
King, S. A., Karnes City.
*Moore, W. C., Runge.
Pickett, W. S. (President), Karnes City.
Pressly, T. J., Runge.
Pridgen, Jno. L., Gillett.
Simmons, F. W., Runge.

*Sims, G. W., Falls City.
*Stevens, G. W., Karnes City.
*Willbern, D. Y. (Secretary), Runge.
Young, E. R., Charco.
Youngblood, R. C., Cestohowa.

KERR - KENDALL - GILLESPIE - BANDERA COUNTY MEDICAL SOCIETY.

*Beall, J. A., Center Point.
Boyd, J. N., Kerrville.
*Combs, R. L., Kerrville.
Domingues, R. J., Kerrville.
Fordtran, F. L. (President), Kerrville.
*Jones, C. C., Comfort.
Keidel, Albert, Fredericksburg.
Keidel, Victor, Fredericksburg.
Lawrence, Wm. B. (Secretary), Comfort.
Merrill, J. W., Harper.
Mooe, Jno. F., Bocrne.
*Moursund, W. H., Fredericksburg.
Palmer, Ernest E., Kerrville.
*Robinson, J. D., Center Point.
*Schnell, J. H., Houston.
Tainter, L. K., Fredericksburg.

LaSALLE-FRIO COUNTY MEDICAL SOCIETY.

Brown, R. L., Pearsall.
*Hargus, J. W., Cotulla.
Magness, J. C., Pearsall.
Motheral, J. D., Cotulla.
*Neeley, Houston (Secretary), Pearsall.
Parker, T. T., Cotulla.
Redditt, R. (President), Pearsall.
Terry, Wm., Dilley.
*Wheeler, F. B., Tilden.
*Whitaker, A., Big Foot.
Williamson, L. C., Moore.
Wright, R. B., Carrizo Springs.

MAVERICK COUNTY MEDICAL SOCIETY.

Easton, Evan S. (Secretary), Eagle Pass.
Evans, A. H. (President), Eagle Pass.
Hume, Lea, Eagle Pass.
McFarland, V. E., Eagle Pass.
Tarver, Chas., Eagle Pass.

MEDINA COUNTY MEDICAL SOCIETY.

Bradley, B. R. (President), Hondo.
Evans, J. R., Devine.
FitzSimon, J. T., Castroville.
*Fletcher, J. H. (Secretary), Hondo.
*Halliburton, B. S., Devine.
Morgan, J. B., Hondo.

UVALDE-EDWARDS COUNTY MEDICAL SOCIETY.

*Barnes, J. I. (President), Sabinal.
*Bowman, A. R., Uvalde.
*Campbell, I. N., Utopia.
Dickey, S. B., Uvalde.
Duren, V. E., Utopia.
*Eads, J. W., Barksdale.
Hines, B. M., Uvalde.
Mahaffey, M. L., Sabinal.
McFarlin, J. E., Sandia.
Myrick, C. R. (Secretary), Uvalde.
Pattison, L. A., Utopia.
Robertson, P. F., Rock Springs.
Rogers, J. E., Barksdale.

VAL VERDE-KINNEY COUNTY MEDICAL SOCIETY.

Boren, S. L., Del Rio.
Brewton, I. N., Del Rio.
Hudson, S. B., Sanderson.
Hughes, W. H., Del Rio.
Orr, B. F., Del Rio.
Ross, H. B. (Secretary), Del Rio.
Scott, R. M. (President), Del Rio.

WILSON COUNTY MEDICAL SOCIETY.

Clark, W. M., Floresville.
Haynes, W. C., Floresville.
Irwin, A. W. (President), Fairview.
*Johnson, B. F., Stockdale.
King, W. A., Lavernia.
Martin, R. G., Lavernia.
Mitchell, J. L., Floresville.
Neal, J. F., Lytle.
*Petrie, S., Fairview.
*Roberts, Jos., Floresville.
*Sharpe, E. L., Pleasanton.
Ware, Ella, Stockdale.
Watkins, C. R. (Secretary), Floresville.
Weston, J. M., Sutherland Springs.

SIXTH OR CORPUS CHRISTI DISTRICT.

Dr. H. J. Hamilton, Laredo, Councilor.

BEE COUNTY MEDICAL SOCIETY.

Adkins, J. J., Refugio.
Eidson, M. L., Beeville.
McCain, E. S., Refugio.
Moffett, C. T., Beeville.
Reagan, C. H., Oakville.
Seymour, F. B. (Secretary), Beeville.
Stephens, G. M. (President), Beeville.
Thurston, D. M., Beeville.

CAMERON COUNTY MEDICAL SOCIETY.

*Combe, F. J. (President), Brownsville.
Combe, J. K. (Secretary), Brownsville.
*Cox, Geo. W., Brownsville.
Layton, L. F., Brownsville.
*Loew, H. K., Brownsville.
*McGee, D. B., Harlinger.
*Works, B. O., Brownsville.

NUECES COUNTY MEDICAL SOCIETY.

*Burke, H. S., Corpus Christi.
Carruth, W. E., Corpus Christi.
Chilton, P. H., Corpus Christi.
Davison, A. W., Corpus Christi.
*Dodge, S. T., Corpus Christi.
*Evans, Jno. M., Corpus Christi.
*Forbes, M. A., Corpus Christi.
Gregory, G. W., Corpus Christi.
*Harris, W. T., Mathis.
Heaney, A. G., Corpus Christi.
*Heaney, H. G., Corpus Christi.
*McClellan, C. L., Rockport.
*McMullen, W. F., Rockport.
*Redmond, Henry (President), Corpus Christi.
Roberts, S. A., San Diego.
Seel, G. A., Corpus Christi.
*Spohn, A. E., Corpus Christi.
*Turpin, T. J., Corpus Christi.
*Yeager, C. P. (Secretary), Corpus Christi.

STARR COUNTY MEDICAL SOCIETY.

Dashiell, W. R. (Secretary), Falfurrias.
Graham, W. A., Falfurrias.
Headley, A. M. (President), Rio Grande.
Irwin, W. S., Falfurrias.

WEBB COUNTY MEDICAL SOCIETY.

*Halsell, J. T., Laredo.
*Hamilton, H. J., Laredo.
Leal, M. T., Laredo.
*Lowry, W. E., Laredo.
Main, J. N., Laredo.
*McGregor, W. W., Laredo.
Sauvignet, E. H. (Secretary), Laredo.
Ward, J. T., Laredo.
Wilcox, A. W. (President), Laredo.

SEVENTH OR AUSTIN DISTRICT.

Dr. J. C. Anderson, Granger, Councilor.

BASTROP COUNTY MEDICAL SOCIETY.

Atkinson, D. C., McDade.
Brown, A. L., Upton.
Chapman, P. (President), Smithville.
Combs, H. B., Bastrop.
Harris, N. B., Red Rock.
King, G. T., Elgin.
Luckett, H. P., Bastrop.
Mayo, O. N., Elgin.
Mayo, S. L. (Secretary), Cedar Creek.
McDaniel, W. O., McDade.
Norfsinger, I. B., Elgin.
Powell, J. H. E., Smithville.
Taylor, T. B., Elgin.
Wood, W. E., Elgin.

BURNET COUNTY MEDICAL SOCIETY.

Brownlee, J. S., Burnet.
Dawson, Ira J. (Secretary), Marble Falls.
Edens, H. L., Bertram.
*Howell, A., Burnet.
Jackson, M. L., Spicewood.
Landrum, M. M., Bertram.
*Wood, E. M., Bertram.
Yett, J. R., Marble Falls.
Yett, T. M. (President), Marble Falls.

CALDWELL COUNTY MEDICAL SOCIETY.

Bellamy, C. L., Dale.
Brewer, J. C., Dale.
Coopwood, T. B., Lockhart.
Corley, Lawrence, Lockhart.
*Ellison, W. A., Lagarto.
*Francis, S. J., Luling.
Holt, Oran C. (Secretary), Lockhart.
Jackson, Geo. L., McMahan.
Johnson, Marshall, Kingsbury.
Karbach, F. R., Maxwell.
Morgan, W. M., Lytton Springs.
O'Bannion, W. H. (President), Dale.
Ross, A. A., Lockhart.
Smith, Edgar, Mendoza.
Van Ness, J. M., Prairie Lea.

HAYS COUNTY MEDICAL SOCIETY.

Blanton, J. J., Johnson City.
Carpenter, J. C. (President), Kyle.
Holtzclaw, W. E., Buda.
Hons, J. M., San Marcos.
Killiam, W. F., Buda.
Krueger, E., Kyle.
McAnally, T. B. (Secretary), Buda.
White, J. H., Kyle.

LEE COUNTY MEDICAL SOCIETY.

Connor, A. C., Lexington.
Johnson, John M., Giddings.

Johnson, Wm. L., Giddings.
*O'Bar, John T. (President), Ledbetter.
Shaffer, Claud, Lexington, R. F. D.
*Southern, Geo. W., Lincoln.
*York, Wm. E. (Secretary), Giddings.

LLANO COUNTY MEDICAL SOCIETY.

Bernard, J. T., Llano.
Darnall, C. F. (Secretary), Llano.
Donges, H. E., Castell.
Fowler, W. Y., Valley Springs.
Gray, C. L., Llano.
Livingston, D. S., Llano.
Selman, H. S. (President), Llano.
Townsend, E. D., Llano.

SAN SABA COUNTY MEDICAL SOCIETY.

Behrns, C. L. (Secretary), Cherokee.
Burleson, E. C., Richland Springs.
Nelson, A. D., Richland Springs.
Rimmer, S. W. (President), San Saba.
Sanderson, G. H., San Saba.
Sanderson, W. S., San Saba.

TRAVIS COUNTY MEDICAL SOCIETY.

Beatty, Geo. S., Austin.
Bennett, T. J., Austin.
Black, J. T., Elroy.
Black, W. B., Austin.
*Bundy, Z. T., Austin.
*Daniel, F. E., Austin.
Decherd, G. M. (Secretary), Austin.
Gibson, J. W., Austin.
Granberry, H. B., Austin.
Graves, R. S., Austin.
Gregg, F. C., Manor.
Gullette, J. F., Pflugerville.
Haigler, S. H., Austin.
Harper, H. W., Austin.
*Harper, W. A., Austin.
Harwood, Geo. S., Johnson City.
Hilgartner, H. L., Austin.
Hill, H. B., Austin.
*Holliday, Margaret, Austin.
Howze, J. E., Austin.
*Hudson, S. E., Austin.
Hunter, John R., Hornsby.
Jones, B. F., Pflugerville.
Kirk, L. H., Austin.
Lacey, L. L., Austin.
Litten, Frank, Austin.
Loving, J. M., Austin.
Mathews, W. J., Austin.
*Mathis, E. G., Manor.
Maxwell, F. A., Delvalle.
Maxwell, T. O., Austin.
*McCalcb, W. E., Webberville.
McLaughlin, F. P., Austin.
*McLaugh'in, J. W. (President), Austin.
McLaughlin, J. W., Jr., Austin.
Oatman, Vic., Austin.
Oxford, J., Austin.
Pettway, T. L., Austin.
Reeve, J. R., Blanco.
Sappington, J. B., Austin.
Sibley, A. J., Creedmoor.
*Smartt, G. P., Manor.
Steiner, Ralph, Austin.
Sterzing, Herbert, Austin.
Stroburg, J. A., Austin.
Taylor, M. A., Austin.
Thomas, V. E., Manor.
Watt, W. N., Austin.
Weller, C. O., Austin.
Wiekline, R. M., Austin.
Wilhite, J. T., Austin.
Wooten, G. H., Austin.
*Wooten, J. S., Austin.
Worsham, B. M., Austin.

WILLIAMSON COUNTY MEDICAL SOCIETY.

*Anderson, J. C., Granger.
Atkinson, O. B., Florence.
Beckman, A., Bartlett.
*Bennett, H. M., Florence.
Black, C. C. (Secretary), Georgetown.
Blair, C. M., Bart'ett.
Brauer, C. H., Austin.
Cook, D. M., Granger.
Doak, E., Taylor.
Flemming, W. P., Georgetown.
Flinn, J. F., Hutto.
Floeckinger, F. C., Taylor.
Foster, C. C., Corn Hill.
Foster, G. W., Georgetown.
Gidney, C. C. (President), Granger.
*Graves, H. N., Georgetown.
Guyer, C. L., Taylor.
Harrell, T. M., Round Rock.
Hazelwood, W. R., Leander.
Helmes, W. L., Jonah.
Henschen, G. E., Georgetown.
Holloway, J. A., Round Rock.
Huggins, H. H., Georgetown.
Hudson, R. B., Coupland.
*Gross, R. F., Weir.
Johnson, C. D., Thorndale.
Jones, G. M., Taylor.
Jones, W. T., Georgetown.
Kuhn, Aug., Temple.
Lamar, L. L., Florence.
Land, W. M., Brady.
Nowlin, A., Hutto.
Nowlin, B., Georgetown.
Pettus, W. G., Georgetown.
Porter, J. D., Hutto.
Robertson, G. L., Leander.
Schultz, W. M., Georgetown.
Shepherd, F. D., Liberty Hill.
*Simmons, C. L., Liberty Hill.
Tally, G. K., Georgetown.
Taylor, J. F., Briggs.
*Thomas, E. M., Georgetown.
*Trott, G. A., Georgetown.
Webber, W. G., Round Rock.
Weidemeyer, G. A., Taylor.
Willerson, J. E., Corn Hill.

EIGHTH OR DEWITT DISTRICT.

Dr. W. A. McCamley, Wharton, Councilor.

COLORADO COUNTY MEDICAL SOCIETY.

Colley, S. T., Bernado.
Cook, C. G., Weimar.
Davidson, J. K., Eagle Lake.
Fehrenkemp, B. J., Frelsburg.
Foote, G. A. (Secretary), Eagle Lake.
Harrison, R. Henry (President), Alleyton.
Harrison, J. W., Columbus.
Harrison, R. H., Columbus.
Hutchins, J. F., Oakland.
Mayfield, G. F., Rock Island.
McLeary, S. B., Weimar.
*Norris, F. O., Eagle Lake.
Payne, J. H., Columbus.
Reed, J. W., Weimar.
Roberts, W. J., Garwood.
Robinson, S. S., Eagle Lake.
Walker, W. H., Oakland.
Williamson, C. A., Columbus.

DEWITT COUNTY MEDICAL SOCIETY.

Allen, G. W., Yorktown.
*Arnecke, C. A. H., Arneckeville.
Blackwell, F. D., Hochheim.
Brown, H. H., Yoakum.
Burns, J. W., Cuero.
Eckhardt, H. C., Nordheim.
Finney, H. D., Cuero.
Gillett, W. R., Cuero.
Kirkham, F. W. (Secretary), Cuero.
Lackey, J. M., Cuero.
*Maness, J. A., Smiley.
Meritz, C., Meyersville.
Mugge, O. J., Cuero.
*Nowierski, B. J. (President), Yorktown.
Pearce, A. S., Westhoff.
Pridgen, E., Thomaston.
Rushing, H., Runge.
Thompson, J. M., Cuero.
Westphal, R., Yorktown.

FAYETTE COUNTY MEDICAL SOCIETY.

Allen, G. W., Sr., Flatonia.
Beekmeyer, J. F., LaGrange.
Carter, J. T., Walhalla.
Clark, I. E., Schulenburg.
Cross, G. W., Flatonia.
Davis, Oscar, Cistern.
Ehlinger, Otto, LaGrange.
Grebe, Wm., West Point.
Johnson, R. A., Flatonia.
Kaiser, F. W., Flatonia.
Knolle, R. H., LaGrange.
McKinney, R. A. (President), LaGrange.
Moore, T. W., LaGrange.
Posch, Anton, Round Top.
*Schramm, Chas. J., Fayetteville.
Seymour, Robt. H. (Secretary), Warrenton.
Verdery, A. F., Winchester.
Zvesper, Jno. G., Ammonsville.

GOLIAD COUNTY MEDICAL SOCIETY.

Elder, N. A., Ander.
Lomaster, R. R. (President), Goliad.
Oquin, C. L., Weesatche.
*Smith, R. Walter (Secretary), Goliad.
Yarbrough, J. M., Goliad.

LAVACA COUNTY MEDICAL SOCIETY.

Evans, E. A., Ezzell.
*Gray, J. D., Shiner.
*Guenther, Jno., Moulton.
Kopecky, C. L., Hallettsville.
Kotzebue, A. M., Moulton.
Lay, J. E., Jr. (President), Sweet Home.
Lay, J. E., Sr., Hallettsville.
Lay, J. R., Hallettsville.
Ledbetter, A. A., Hallettsville.
Letzerich, C. W., Sublime.
Nave, S., Shiner.
Presley, A., Yoakum.
Renger, Paul (Secretary), Hallettsville.
Schulze, Gus., Shiner.
*Shiller, J. J., Schulenburg.
Shropshire, W., Yoakum.
Youngkin, Si., Yoakum.

MATAGORDA COUNTY MEDICAL SOCIETY.

Foote, S. A. (President), Bay City.
*Morton, A. S., Bay City.
Parker, P. A., Bay City.

*Scott, E. E., Bay City.
*Simons, J. E. (Secretary), Bay City.

VICTORIA-CALHOUN COUNTY MEDICAL SOCIETY.

Braman, D. H. (Secretary), Victoria.
*Chilton, L. W., Goliad.
DeTar, W. T., Victoria.
*Hopkins, R. R., Victoria.
Malsch, E. A., Victoria.
*McMullen, O. S., Victoria.
Rape, Wesley A. (President), Victoria.
Shields, F. B., Victoria.

WHARTON-JACKSON COUNTY MEDICAL SOCIETY.

*Andrews, J. M., Wharton.
Davidson, G. L., Wharton.
Davidson, J. C., Wharton.
*Davidson, W. L., Glenflora.
*Dobbs, J. C., Ganado.
Huey, Walter (President), El Campo.
LaBauve, R. E. L., Edna.
Lancaster, W. H., Ganado.
*Lineecum, A. L. (Secretary), Louise.
*McCamley, W. A., Wharton.
Passmore, B. H., El Campo.
Radkey, O. H., Edna.
*Ray, W. D., East Bernard.
Redwine, D. P., El Campo.
Richmond, W. T., Edna.
Ryon, Frank M., Arnim.
Ryon, Oscar H., Arnim.

NINTH OR SOUTHERN DISTRICT.

Dr. Jno. T. Moore, Galveston, Councilor.

AUSTIN COUNTY MEDICAL SOCIETY.

*Brown, Walter T. (President), Wallis.
Davidson, J. S., San Felipe.
Irvin, Alexander, Wallis.
Knolle, Bernard E., Industry.
*Knolle, Otto J., Industry.
Kroulik, John, Bellville.
Rowland, Oliver J., Sealy.
Schilling, Lawrence, Cat Spring.
Schmoeller, Wm., Sealy.
Steck, Otto E. (Secretary), Bellville.
Thompson, Robert W., Bellville.
Trenckmann, Otto A., Bellville.

BURLESON COUNTY MEDICAL SOCIETY.

Bledsoe, R. E. B., Somerville.
McLeod, G. C., Lyons.
Oliver, G. P., Caldwell.

FORT BEND COUNTY MEDICAL SOCIETY.

Boone, H. C. (Secretary), Richmond.
Cochran, W. B., Stafford.
Johnson, J. C. (President), Richmond.
O'Ferrell, J. M., Richmond.
*Yates, J. S., Rosenberg.

GALVESTON COUNTY MEDICAL SOCIETY.

Aynesworth, Horace T, Galveston.
Baldinger, Wm. H., Galveston.
*Bibb, Louis B., Austin.
Breath, Walter P., Galveston.
Carter, Thomas J., League City.
*Carter, Wm. S., Galveston.
Chase, Eli D., Galveston.
Collier, J. Isham, Galveston.
Cook, Henry P., Galveston.
*Cox, Eben S., Galveston.
Delalondre, Marie P., Galveston.
Delaney, George E., Galveston.
Dudgeon, H. Rush, Galveston.
Dyer, Joseph O., Galveston.
Fisher, Fred K., Galveston.
Fisher, Wm. C., Galveston.
Fly, Ashley W., Galveston.
Gammon, Wm., Galveston.
Graves, Marvin L., Galveston.
Haden, Henry C., Galveston.
Haden, John B., Galveston.
Hartman, Henry, Galveston.
Heard, Allen G., Galveston.
*Herzog, Sofie, Brazoria.
Holley, James T., Port Bolivar.
Jones, J. Guy, Smithville.
Jones, Joseph S., Galveston.
Keiller, Wm., Fort Stanton, N. M.
Kennedy, Thos. L., Galveston.
Kenner, Edwin B., Galveston.
*Kleberg, Walter, Galveston.
Kruger, Frederick R., Galveston.
*Lawrence, David H. (President), Galveston.
*Leach, Elisha, Galveston.
Lee, George H., Galveston.
*Moore, John T., Galveston.
Morgan, Geo. L., Turtle Bayou.
Morris, Seth M., Galveston.
Nave, Thos. W., Galveston.
Pabst, Oscar C., Galveston.
*Paine, John F. Y., Galveston.
Peters, Otto K., Galveston.
Plant, Oscar H., Galveston.
Pritchett, Ira E., Galveston.
Ralston, Joseph C., Galveston.
Randall, Edward, Galveston.
Rouse, Wallace, Galveston.
Rowley, Francis, Galveston.
Ruhl, Julius H., Galveston.
Sappington, Harry O., Galveston.
Schaeffer, Marie C., Galveston.
Shearer, Amon R., Mt. Belvieu.
*Shearer, T. W., Houston.
Stafford, Brooks, Galveston.
Starley, Wm. F., Galveston.
Sykes, George S., Galveston.
*Terrill, James J. (Secretary), Galveston.
*Thompson, James E., Galveston.
*Truehcart, Chas. W., Galveston.
Tucker, James P., Galveston.
Wassam, A. Marion, Galveston.
Wolf, Chas. L. M., Galveston.
*Wood, Martha A., Galveston.

GRIMES COUNTY MEDICAL SOCIETY.

*Barnes, C. V., Bedias.
Bennett, B. H. (Secretary), Anderson.
Burk, J. A., Cawthon.
Davis, Oscar, Anderson.
Emory, S. J. (President), Navasota.
*Falvey, J. W., Ulmer.
*Francklow, W. H., Shiro.
Gilmore, R., Keith.
Greenwood, W. W., Plantersville.
Harris, E. A., Navasota.
Harris, G. C., Courtney.
Lewis, O. T., Roan's Prairie.
Palmer, Hal J., Plantersville.
Plotts, P. B., Anderson.
Whitworth, A. J., Plantersville.
Wilson, J. E., Shiro.
*Wilson, W. T., Navasota.

HARRIS COUNTY MEDICAL SOCIETY.

Alexander, P. T., Humble.
Allen, Nathaniel N., Houston.
*Archer, Minnie C., Houston.
*Archer, Wm. A., Houston.
Armstrong, Ed. M., Houston.
Barrell, Chas. C., Houston.
Blair, John M., Houston.
Boyd, James G., Houston.
Boyles, James M., Houston.
Bourland, F. M., Houston.
Briscoe, Samuel M., Houston.
Bruhl, Chas. E., Houston.
*Brumby, Wm. M., Austin.
Cook, E. F., Houston.
Cox, Robt. E., Houston.
Cronin, P. H., Houston.
Daviss, Paxton E., Houston.
Duckett, John D., Houston.
Eckhardt, Wm. R., Houston.
Eidman, F. G., Houston.
Elles, Norma B., Houston.
*Eskridge, Belle C., Houston.
Ford, Frank C., Sabine.
Foster, John H., Houston.
Garrett, Wm. A., Houston.
Gibbs, J. Philip, Houston.
Gray, E. N., Houston.
Haley, Wm. A., Houston.
Hall, George P., Houston.
Hamilton, Ed. J., Houston.
Hamilton, Gavin, Houston.
Hillin, S. H., Houston.
Hodes, H. K., Houston.
Hodges, J. Edward, Houston.
Hogg, Frank B., Houston.
Holland, Margaret E., Houston.
*Howard, Philo A., Houston.
Howell, E. P., Houston.
James, Judson A., Houston.
*King, Frank B., Houston.
*Knox, Robert W., Houston.
Krause, Albert, Houston.
Kyle, J. Allen, Houston.
Larendon, Geo. W., Houston.
Lillard, Zacheria F., Houston.
Lister, S. M., Houston.
Martin, Wm. H., Houston.
Meyer, G. Herbert, Houston.
Miller, K. N., Houston.
Milnes, Geo. L., Houston.
Moore, Harwin C., Houston.
Moore, S. H., Houston.
Morris, Robt. T., Houston.
*Mullen, Joseph A., Houston.
Murray, E. Clinton, Houston.
Neuhaus, Frank H., Houston.
*Norsworthy, Oscar L., Houston.
Northrup, Samuel E., Houston.
Parker, Geo. D., Houston.
Priester, Wm. G., Houston.
Ralston, Wallace W. (President), Houston.
Red, Samuel C., Houston.
Robinson, G. J., Houston Heights.
Rogers, W. L., Houston.
Ross, Frank R., Houston.
Sampson, J. H., Houston.
Sardino, Peter H., Houston.
*Scott, J. W., Houston.
Scott, Reuben T., Houston.
Short, J. Lindsey, Houston.
Silbernagle, Emile S., Houston.
Slataper, Felecian J., Houston.
Smith, Forrest B., Houston.
Smith, Percy H., Houston.
Smith, Sidney J., Houston.
Stuart, Joe R., Houston.
Towles, Robt. H., Houston Heights.
Wagner, Stephen V., Houston.
Wallace, Bruce, Houston.
Wallace, Chas. A., Houston.
Warren, C. D., Houston.
Weems, Marcus A., Columbia.
Wier, Warren M. (Secretary), Houston.
Williams, B. L., Santa Barbara, Cal.
Williams, J. O., Houston.
Wilson, S. J., Houston.
York, John B., Houston.

MADISON COUNTY MEDICAL SOCIETY.

Cline, W. B., Midway.
Cole, W. A., Mecca.
*Day, G. P., Madisonville.
*Gibson, B. F., Huntsville.
Hill, J. T., Zulch, R. F. D.
Jordan, J. D., Madisonville.
*Morris, J. E., Jr., Madisonville.
Morris, J. E., Sr. (Secretary), Madisonville.
Patten, O. (President), Midway.
Smith, J. E., Cotton.
Speer, A. H., Madisonville.
Speer, G., Madisonville.
Williams, O. W., Courtney.

MONTGOMERY COUNTY MEDICAL SOCIETY.

Arnold, J. J., Hufsmith.
*Collier, J. F. (Secretary), Conroe.
Currie, R. F., Montgomery.
Dunnam, T. E., Spring.
*Earthman, H. W., Conroe.
Falvey, T. S., Fostoria.
Hooper, W. N., Conroe.
Powell, W. P., Willis.
Sellers, J. C., Spring.
Smith, J. M. (President), Waukegan.
Spiller, Chas., Esperanza.
*Ware, J. M., Magnolia.
*Waters, H. W., Montgomery.

WALKER COUNTY MEDICAL SOCIETY.

Angier, E. L., Huntsville.
Bush, L. H. (Secretary), Huntsville.
Fowler, W. E., Huntsville.
Hendrick, J. P., Huntsville.
Thomason, J. W., Huntsville.

WALLER COUNTY MEDICAL SOCIETY.

Baines, L. W., Brookshire.
Clemens, Ira T., Waller.
John, Frank, Fields Store.
LeGrand, Cecil W. (Secretatry), Hempstead.
Mahan, Little Lee (President), Hempstead.
*Osborne, W. C., Monaville.
Searcy, Claud A., Hempstead.

WASHINGTON COUNTY MEDICAL SOCIETY.

Barnhill, P. D., Brenham.
Becker, E., Brenham.
Bowers, S. (President), Brenham.
Burditt, J. B. (Secretary), Brenham.
Campbell, W. R., Chappell Hill.
Cloud, W. O., Needeville.
Hairston, T. C., Independence.
Hoeflinch, C. W., Brenham.
Nicholson, R. E., Brenham.
*Pier, T. J., Brenham.
Toland, A. W., Chappell Hill.
Wedemeyer, E. L., Gay Hill.
*Williamson, J. R., Brenham.

TENTH OR SOUTHEASTERN DISTRICT.

Dr. D. S. Weir, Beaumont, Councilor.

HARDIN COUNTY MEDICAL SOCIETY.

Bevil, J. R., Batson.
Burnett, S. H. (President), Kountze.
Fortenbery, J. C., Saratoga.
French, J. M., Fuquay.
Kirby, H. S., Silsbee.
Ogden, T. R., Nona.
Pedigo, H. B., Dearborn.
*Pope, E. D., Saratoga.
Russell, P. S., Batson.
Selman, B. E., Village Mills.
*Selman, Lee (Secretary), Olive.
Southworth, J. A., Batson.

JASPER-NEWTON COUNTY MEDICAL SOCIETY.

Bean, B. F., Kirbyville.
Cunningham, H. C., Roganville.
Grimes, J., Buna.
Hall, H. S., Newton.
Hancock, H. R., Jasper.
McMicken, D., Kirbyville.
Ogden, N. B., Call.
Powell, C. N., Deweyville.
*Selman, T. B., Silsbee.
Spurlock, G. H., Kirbyville.
Stone, T. E. (Secretary), Jasper.
*Swinney, B. A. (President), Newton.
*Yates, J. D., Kirbyville.

JEFFERSON COUNTY MEDICAL SOCIETY.

Bailey, A. A., Beaumont.
Bland, L. F., Port Arthur.
Barr, H. A., Beaumont.
*Bledsoe, M. F., Rockland.
Blewett, W. J., Beaumont.
*Bowen, R. E., Devers.
Calhoun, B. F., Beaumont.
Carlton, A. L., Nederland.
Cobb, C. A., Beaumont.
Cole, C. A., Beaumont.
Cunningham, W. W., Beaumont.
Dicken, R. E., Woodville.
Gibson, J. A., Beaumont.
Gibson, W. F., Beaumont.
Gober, J. D., Beaumont.
Gober, J. M., Beaumont.
Goldstein, L., Beaumont.
Grace, J. W., Beaumont.
Hander, F. W., Beaumont.
Hodges, O. S. (Secretary), Beaumont.
*Jordan, S. N., Liberty.
*Laidacker, N. E., China.
Martin, F. S. (President), Beaumont.
Mynatt, A. J., Liberty.
Pope, W. H., Doucette.
Price, J. S., Beaumont.
Reagan, J. H., Beaumont.
Reed, G. H., Beaumont.
Richardson, Bruce, Beaumont.
Sammons, W. C., Nederland.
Seafers, C. F., Port Arthur.
Spring, T. P., Beaumont.
Sullivan, R. R., Beaumont.
Swanger, J. Boyd, Beaumont.
*Tadlock, Jas. T., Dayton.
Thomson, W. F., Beaumont.
Thompson, W. R. P., Coatzacoalcos, Vera Cruz, Mexico.
*Wier, D. S., Beaumont.
Williams, W. T., Beaumont.

NACOGDOCHES COUNTY MEDICAL SOCIETY.

Adams, E. S., Garrison.
Barham, Geo. S., Nacogdoches.
Barham, J. H., Nacogdoches.
Campbell, W. H. (President), Nacogdoches.
Castleberry, J. K., Alazan.
Castleberry, W. T., Alazan.
Ford, F. C., Nacogdoches.
Ireland, W. W., Cushing.
Lockey, R. P. (Secretary), Nacogdoches
Nelson, A. A., Nacogdoches.
Reagan, J. H., Nacogdoches.
Rogers, C. G., Cushing.
Shepherd, W. F., Flanagan.
Smith, W. I. M., Nacogdoches.
Stuckey, J. H., Caro.
Tindall, C. H., Lingo.
Tucker, F. R., Nacogdoches.
Turner, Geo. H., Garrison.
Wilson, R. A., Douglas.

ORANGE COUNTY MEDICAL SOCIETY.

Brown, W. D., Texla.
Butler, J. D., Orange.
Coyle, W. P. (Secretary), Orange.
Jordan, R. H., Texla.
Herrington, J. C., Orange.
Lawson, F. W., Orange.
Pearce, A. G., Orange.
Reeves, J. E., Orange.
Saunders, Jas., Orange.
Seastrunk, J. C. (President), Orange.
Sholars, S. W., Orange.

POLK COUNTY MEDICAL SOCIETY.

Bergman, Harry (President), Livingston.
Boothe, T. A., Cleveland.
Canon, M. B., Corrigan.
Canon, R. T., Moscow.
Denham, H. S., Livingston.
Love, R. B., Livingston.
*Marsh, B. C., Livingston.
Martin, B. J., Leggett.
*McCardell, Douglas (Secretary), Cold Springs.
McCardell, W. K., Livingston.
Robinson, R. H., Cleveland.
Taylor, M. J., Camden.

SABINE COUNTY MEDICAL SOCIETY.

Arnold, W. T., Jr., Bronson.
Chapman, R. W., Geneva.
Cooper, Jno. D., Brookeland.
*Cousins, R. D. (Secretary), Pineland.
Crouch, Geo. W., Bronson.
DuBose, J. L., Benina.
Goodrich, R. L., Milam.
McGowin, M. W., Yellowpine.
*Morgan, T. B. (President), Bronson.
Smith, E. G., Hemphill.
Smith, J. W., Hemphill.
Smith, C. F., Fairdale.
Spights, J. W., Milam.

SAN AUGUSTINE COUNTY MEDICAL SOCIETY.

Freeman, W. K., Denning.
Harrison, Jas. E. (President), San Augustine.
Mackeckeny, L., San Augustine.
Norwood, E. O., Macune.
Rawls, O. E., San Augustine.
Shadden, A. R. (Secretary), San Augustine.
Smith, G. M., San Augustine.

SHELBY COUNTY MEDICAL SOCIETY.

*Bryan, C. O., Center.
Carroll, E. S. (President), Center.
Spivey, J. H., Teneha.
Swearingen, G. P., Center.
*Whitesides, M. H. E., Timpson.
Whitesides, T. F., Timpson.
Windham, W. C. (Secretary), Shelbyville.

ELEVENTH OR EASTERN DISTRICT.

Dr. Jas. A. Hill, Groveton, Councilor.

ANDERSON COUNTY MEDICAL SOCIETY.

Austin, M. L., Montalba.
Bolton, G. L., Slocum.
Converse, E. V., Palestine.
Dunn, R. M. (President), Palestine.
Evans, J. H., Palestine.
Faulk, R. A., Frankston.
Ferguson, A. W., Montalba.
Funderburk, W. O., Cayuga.
Kohlman, Wm. H., Palestine.
*Hathcock, A. L., Palestine.
Howard, G. P., Palestine.
Jameson, W. G., Palestine.
Link, E. W., Palestine.
Link, H. R., Palestine.
Littlejohn, F. S., Palestine.
McGaughey, J. C., Palestine.
*McLeod, R. H. (Secretary), Palestine.
Parks, J. M., Elkhart.
*Parsons, E. B., Palestine.
Paxton, J. H., Elkhart.
Poyner, J. P., Palestine.
Rose, E. L., Palestine.
Shoemaker, L., Handley.
*Silliman, J. C., Palestine.
Wilson, H. M., Palestine.

ANGELINA COUNTY MEDICAL SOCIETY.

Bledsoe, R. B. (Secretary), Lufkin.
*Childers, D. M., Lufkin.
Clark, E. T. (President), Keltys.
Cook, H. C., Diboll.
Collins, J. S., Lufkin.
Denman, A. M., Lufkin.
Largent, T. W., Lufkin.
Mantooth, L., Lufkin.
Van Nuys, J. C., Lufkin.

CHEROKEE COUNTY MEDICAL SOCIETY.

Allison, J. A., Alto.
Barnett, G. W., Jacksonville.
Bigham, R. J., Rusk.
Cobble, T. H., Rusk.
Collins, H. V., Jacksonville.
Cowan, W. B., Dialville.
Crawford, J. M., Alto.
Frazier, I. K., Rusk.
Fuller, F. A., Jacksonville.
Guinn, E. E., Jacksonville.
Johnson, J. F., Rusk.
Maness, F. G., Rusk.
McClure, M. E. (President), Alto.
Moseley, E. M., Rusk.
Ramsey, J. B. (Secretary), Forest.
Rodgers, W. R., Alto.
Smith, Wiley, Gallatin.
Stokes, W. B., Jacksonville.
Strother, E. B., Jacksonville.

FREESTONE COUNTY MEDICAL SOCIETY.

Blount, R. T., Donie.
*Harrison, W. P., Teague.
Headlee, E., Teague.
Headlee, E. V., Teague.
Lowery, D. L., Fairfield.
Peeples, D. L., Teague.
Pool, M. M., Teague.
Sneed, J. E. (Secretary), Teague.
Sneed, W. N., Jr. (President), Fairfield.
Sneed, W. N., Sr., Fairfield.

HENDERSON COUNTY MEDICAL SOCIETY.

Bristow, R. C., Athens.
Bristow, W. C., Malakoff.
Bryan, W. P., Malakoff.
Easterling, A. H. (Secretary), Athens.
Hodge, J. C., Athens.
Horton, A. C., Murchison.
Huddle, E. F., Murchison.
Larkin, Percy, Athens.
LaRue, R. L., Athens.
Richardson, Wm., Baxter.
Wallace, B. C., La Rue.
Webster, J. K. (President), Athens.

HOUSTON COUNTY MEDICAL SOCIETY.

Cantrell, I. J., Ratcliff.
Collins, W. B., Lovelady.
Collom, S. A., Ratcliff.
Elliott, B. S., Augusta.
Evans, C. W., Belott.
Hale, R. C., Weldon.
Hayes, J. W., Percilla.
*Latham, W. W. (Secretary), Crockett.
Lipscomb, W. C., Crockett.
Merriwether, L., Crockett.
Miller, J. K., Holly.
Miller, W. C., Belott.
Nelson, J. H., Weldon.
Scruggs, J. F., Creek.
Sharp, W. S., Ratcliff.
Sherman, T. M., Ratcliff.
Skipper, C. W., Lovelady.
*Skipper, R. W. (President), Lovelady.
Smith, C. O., Ratcliff.
Stafford, P. H., Grapeland.
*Stokes, E. B., Crockett.
Thomas, M. A., Crockett.
Westmoreland, J. P., Weldon.
Woodard, F. C., Grapeland.
Wooters, J. S., Crockett.
Worthington, G. W., Lovelady.

LEON COUNTY MEDICAL SOCIETY.

Bell, J. F., Oakwoods.
Boggs, E. O., Marquez.
Brown, S. M., Keechi.
Burroughs, Sam R., Buffalo.
*Evans, W. T. Jewett.
Haynie, Wm., Buffalo.
Joyce, J. H., Buffalo.
Montgomery, D. W., Concord.
Murdock, E. P., Oakwoods.
*Payne, J. E., Normangee.
Price, D., Centerville.
*Rogers, Joe, Normangee.
Saunders, A. D., Raymond.
Seale, J. J., Teague.
Seale, W. H. (Secretary), Marquez.
Sprueill, Z. J., Jewett.
Taylor, W. F., Flo.
Thompson, H. H. (President), Leona.
Turner, E. C., Buffalo.
Wilson, B. F., Carbon.

PANOLA COUNTY MEDICAL SOCIETY.

Comer, C. C., Carthage.
Hull, C. F., Carthage.
Neal, J. S., Carthage.
Perkins, A. T., Carthage.

RUSK COUNTY MEDICAL SOCIETY.

Birdwell, J. A., Overton.
Dawson, Chas. A., Minden.
Deason, T., Brachfield.
Edge, Jno. S., Overton.
Galloway, A. H., Sr., Laneville.
Galloway, A. H., Jr., Laneville.
Holleman, W. D., East Bernard.
Jones, W. A., Monroe.
Matthews, R. A., Pirtle.
Motley, J. G., Overton.
Richardson, D. P., Henderson.
Ross, J. E., Churchhill.
Sadler, J. G., Henderson.
Shipp, W. J., New Salem.
Stroud, A. D. (President), Henderson.
Watkins, J. E., Henderson.
Watkins, R. O., Pine Hill.
*White, W. P. (Secretary), Henderson.

SMITH COUNTY MEDICAL SOCIETY.

Baldwin, A. P., Tyler.
Bell, B. F., Whitehouse.
Bell, Gideon, Tyler.
Bell, T. J., Tyler.
Bryant, B. T., Whitehouse.
Bundy, D. T., Tyler.
Chambers, B. F., Flint.
Davis, J. C., Bullard.
Ferrill, J. Z., Tyler.
Garland, W. L., Garden Valley.
Gibson, J. W., Lindale.
Hall, C. E., Lindale.
Head, J. W., Tyler.
Hines, B. F., Tyler.
Hunter, R. H., Bullard.
Jarvis, A. S., Troupe.
Jennings, W. A., Mt. Sylvan.
Johnson, W. R., Snyder.
Mead, J. J., Bullard.
Montgomery, A. L., Tyler.
Montgomery, J., Garden Valley.
Moore, J. F., Tyler.
Phillips, J. D., Tyler.
Pope, Irvin, Tyler.
Smith, J. C., Winona.
Smith, L. E., Tyler.
Thompson, T. W., Lindale.
Walker, U. G. M. (President), Tyler.
Woldert, Albert (Secretary), Tyler.

TRINITY COUNTY MEDICAL SOCIETY.

Barnes, Frank L., Trinity.
Barnes, George R., Trinity.
Bradley, Horace C., Groveton.
Devine, Isaac N. (President), Groveton.
DuBose, T. J., Apple Springs.
*Hill, James A., Groveton.
Hutson, Henry L., Chita.
Magee, William J., Groveton.
McClendon, J. Newton (Secretary), Groveton.
McDowell, John S., Groveton.
Miles, Wyatt S., Pennington.
Poston, Marion C., Crete.
Townes, James R., Willard.

TWELFTH OR CENTRAL DISTRICT.

Dr. Geo. S. McReynolds, Temple, Councilor.

BELL COUNTY MEDICAL SOCIETY.

Atkinson, W. H., Killeen.
Barbee, J. A., Oenaville.
*Barton, R. W., Temple.
Barton, W. H., Temple.
Bauguss, J. B., Heidenheimer.
Chapman, M. L., Temple.
*Connally, W. A., Pendletonville.
Crosthwaite, W. L., Holland.
Curtis, R. R., Bartlett.
Davis, W. A., Salado.
*Denman, J. A., Rogers.

Draper, R. H., Sparta.
Ellis, I. D., Troy.
*Etter, W. F., Rogers.
Flaniken, B. D., Tolbert.
Flaniken, T. R., Holland.
Flaniker, B. D., Oenaville.
*Frazier, J. M., Belton.
Ghent, H. C., Belton.
Gill, J. M. F., Cameron.
Gober, O. F., Temple.
Goddard, C. W. (President), Holland.
Gooch, J. M., Temple.
Griffin, M. D., Nolanville.
Harlan, W. J., Bartlett.
Herring, J. C., Cyclone.
Horn, J. M., Pendletonvil'e.
Hudson, Taylor, Belton.
*Hunt, R. S., Rogers.
Knight, Lee, Temple.
Lee, B. F., Temple.
*Lott, M. E., Temple.
Madely, W. B., Rogers.
Maloy, E. D., Temple.
*McCelvey, J. S., Temple.
McElhannon, M. P., Belton.
*McReynolds, G. S., Temp'e.
Noble, R. W., Temple.
Pair, S. W., Salado.
Pollok, L. W., Temple.
*Potter, Claudie, Temple.
Reed, V. E. H., Ho'land.
Scott, A. C., Temple.
*Sharp, M. R., Bartlett.
*Smart, M. P., Eddy.
Smith, J. S., Burgess.
Smith, W. H., Heidenheimer.
Spencer, Aleck, Temple.
*Spivey, W. E., Killeen.
Stoeltje, E. C., Ocker.
Sypert, J. R., Holland.
Thomas, G. T., Rogers.
Valliant, J. T., Youngsport.
*Watts, S. A., Moffett.
*Woodson, J. M. (Secretary), Temple.
Woodson, W. M., Temple.
White, R. R., Temple.
Wood, D. L., Killeen.

BOSQUE COUNTY MEDICAL SOCIETY.

*Alexander, J. H. (Secretary), Meridian.
Burnett, J. H., Kopperl.
Carpenter, J. C., Clifton.
Cate, C. C., Morgan.
*Coston, G. M., Cranfills Gap.
Coston, T. C., Cranfills Gap.
Faulkner, C. F., Fowler.
Foscue, C. J., Walnut.
Glass, J. T., Clifton.
Honeycut, J. B., Womack.
Jarrett, J. C., Valley Mills.
Kemp, Jos., Walnut.
*Kimmins, R. L., Iredell.
Lumpkin, J. J., Meridian.
Maples, L. E., Morgan.
Marshall, O. R., Meridian.
McNeil, W. T., Valley Mills.
Murray, J. A., Walnut.
Olcson, O. M., Norse.
Pike, A. N., Iredell.
Webb, Sam (President), Walnut.

COMANCHE COUNTY MEDICAL SOCIETY.

Applewhite, J. W., Hazel Dell.
Bradley, E. W., Newburg.
Brown, J. P., Justine.
Callan, G. P., Proetor.
Carson, J. W., Comanche.
Daniel, J. G., Justine.
Davenport, O. H., Hasse.
Duke, E. W., Sipe Springs.
Eargle, J. H., Lamkin.
Gray, A. J., Comanche.
Hilley, W. M., Gap.
Inzer, H. H., DeLeon.
Marshall, J. H., Comanche.
McCarty, J. F., Comanche.
Ory, Chas. (Secretary), Comanche.
Patterson, Tom, Duster.
Rush, H. P., DeLeon.
Sellers, R. B. (President), Comanche.
Thomas, L. B., Comanche.
Vineyard, A. E., Comanche.
*Westbrook, W. J., Sipe Springs.
Weaver, T. P., DeLeon.

CORYELL COUNTY MEDICAL SOCIETY.

*Ammons, H. R., Turnersville.
Bailey, R., Gatesville.
Baird, A. J., Gatesville.
Baker, E. B., Gatesville.
*Boone, M. A., Jonesboro.
Brown, R. J., Ruth.
Collins, W. J., The Grove.
Crawford, C. H., King.
*Graves, Ed. (Secretary), Gatesville.
Gray, M., Turnersville.
Gray, P. P., Turnersville.
Green, F. C., Oglesby.
Guyton, J. W., Levita.
Haynes, H. M., Pearl.
Homan, D. C., Oglesby.
Johnson, I. F., Gatesville.
Jordan, D. M. (President), Oglesby.
Mahon, L. S., Jonesboro.
*Newland, W. B., Gatesville.
*Phillips, B. A., Osage.
Raby, R. L., Gatesville.
Smith, E. G., Turnersville.
Sutherland, W. A., Boaz.
Wheeler, J. S., Coryell.
Whigham, W. E., Oglesby.

ERATH COUNTY MEDICAL SOCIETY.

Adderhold, W. J., Harbin.
*Binney, Chas. Thurber.
Bryan, T. F. (Secretary), Dublin.
Cameron, R. S., Stephenville.
Chunn, D. R., Lingleville.
Cooper, A. J., Bluffdale.
*Cragwell, A. O. (President), Stephenville.
Day, M., Stephenville.
Dorset, D. H., Thurber.
Estes, B. H., Stephenville.
Farmer, T. J., Dublin.
Goodner, W. B., Dublin.
Gordon, B. J., Stephenville.
Greenwood, T. M., Bluff Dale.
Hickey, M. L., Chalk Mountain.
Holt, H. L., Bluff Dale.
Keith, Uel, Stephenville.
Laird, T. J., Dublin.
Lankford, A. E., Selden.
Maddux, Ella, Dublin.
McDonald, J. C., Pizarro.
McGaughey, J. B., Stephenville.
McIver, S. A., Clairette.
Miller, R. A., Lomesa.
Mulloy, J. J., Dublin.
*Mulloy, N. T., Dublin.
Murray, W. C., Dublin.
*Naylor, S. D., Stephenville.
O'Brien, J. G., Dublin.
Oxford, L. G., Stephenville.
Sessums, J. R., Dublin.
Shepherd, O. H., Morgan Mill.
Smith, P. S., Mingus.
*Sturgis, W. E., Stephenville.
Underwood, S. J., Stephenville.
Wharton, J. W., Lingleville.
Winters, E. S., Dublin.

HAMILTON COUNTY MEDICAL SOCIETY.

Bolding, W. T., Hamilton.
Boyer, T. E., Shive.
Colwick, O. J., Fairy.
Hall, C. M., Hico.
Hobdy, Wm., Hamilton.
Hubbert, W. E., Hico.
McCollum, C. H., Hico.
McMordie, W. E., Hamilton.
Perry, Geo. F., Hamilton.
Winn, J. B., Hamilton.
Wysong, J. H., Hico.

HILL COUNTY MEDICAL SOCIETY

Atkinson, D. T., Dallas.
Benton, G. W., Woodbury.
Boyd, J. E., Aquilla.
Brian, M. W., Hillsboro.
*Buie, Jno., Hillsboro.
Buie, J. S., Mertens.
Davis, C. C., Hillsboro.
Dean, Thos. R., Whitney.
Douglas, F. M., Itasca.
Elliott, W. G., Hillsboro.
Faulkner, S. A., Whitney.
Fuller, H. H., Hillsboro.
*Gilbert, A. J., Hillsboro.
Gough, R. H. (Secretary), Hillsboro.
Hanks, J. M., Blum.
Harper, J. W., Itasca.
Hartsfield, T. M., Covington.
Harwood, M. P., Hubbard.
Hodges, W. E., Massey.
Holland, J. T., Itasca.
Jenkins, E. M., Irene.
Jenkins, G. H., Bynum.
Jenkins, W. W., Penelope.
Maner, W. H., Blum.
McKown, G. W., Osceola.
McKown, J. S., Osceola.
Menefee, A. J., Hillsboro.
*Miller, J. W., Hillsboro.
Robert, J. J., Hillsboro.
Roberts, L. C., Aquilla.
Robinson, D. K., Itasca.
Saylors, A. C., Bynum.
Shoemaker, L. F., Hillsboro.
Sims, F. D., Menlow.
Smith, B. F. (President), Hillsboro.
Spaulding, J. W., Brandon.
Speer, Jas. A., Itasca.
Terrell, J. S., Blum.
Tibbs, R. I., Itasca.
*Vaughan, B. H., Hillsboro.
*Ward, E. D., Blum.
Weir, R. R., Itasca.
Wells, T. O., Woodbury.
Wilkes, B. F., Abbott.
Wood, J. H., Hubbard.
*Wood, W. A., Hubbard.
Wornel, J. M., Blum.
Young, J. H., Itasca.
Youngblood, D. J. R., Brandon.

HOOD COUNTY MEDICAL SOCIETY.

Collins, F. A., Acton.
Currie, J. D., Paluxy.
Dunn, R. B., Tolar.
Gandy, J. H., Lipan.
Gough, E. F., Lipan.
Hamil, F. B., Cresson.
Jarrett, A. R., Granbury.
Lancaster, J. R., Granbury.
McCuan, J. M., Membrino.
McFall, J. W., Lipan.

Menefee, E. L., Granbury.
Morgan, E. H. (Secretary), Granbury.
Perkins, W. F., Tolar.
Philley, J. B., Hill City.
Poynor, J. S. (President), Thorp Spring.
Ranspot, R. R., Lipan.
Wilder, H. L., Mambrino.

JOHNSON COUNTY MEDICAL SOCIETY.

Alexander, A. P., Cleburne.
Ball, W. P., Cleburne.
Bettison, D. L. (Secretary), Cleburne.
Dennis, M., Cleburne.
Dunn, J. F., Burleson.
*Easterwood, A. Y., Cleburne.
*Fountain, W. D., Venus.
Greenwell, S. A., Cleburne.
Happel, J. H., Cleburne.
*Harris, L. L., Cleburne.
Harris, R. L., Rio Vista.
Huddleston, J. M. (President), Cleburne.
Long, H. A., Cleburne.
*McNairn, S. P., Burleson.
Meason, J. M., Bono.
Menefee, W. E., Cleburne.
Moore, J. A., Parker.
Osborn, E. B., Cleburne.
Osborn, J. D., Cleburne.
Paine, W. H., Egan.
Pearson, J. I., Joshua.
Pickett, Jas., Joshua.
*Prestridge, B. G., Alvarado.
*Ramsey, J. A., Venus.
Roark, R. H., Cleburne.
Robison, B. B., Godley.
Rucker, J. D., Cleburne.
Russell, C. E., Venus.
Self, T. N., Cleburne.
Selman, J. T., Joshua.
Shropshire, D. N., Alvarado.
*Shultz, C. A., Alvarado.
Shytles, W. M., Venus.
Stallcup, J. M., Bono.
*Strickland, D., Cleburne.
Townes, J. M., Joshua.
Turner, B. H., Cleburne.
*Wagley, T. J., Cleburne.
Washburn, W. R., Cleburne.
Yater, W. M., Cleburne.

LIMESTONE COUNTY MEDICAL SOCIETY.

Armstrong, F. G., Delia.
*Blalock, Wm. C., Kosse.
Brown, M. M., Groesbeck.
Bugg, S. D., Groesbeck.
Conrad, J. M., Mexia.
Cook, J. P., Mexia.
Cox, J. W. (President), Groesbeck.
Ezell, A. T., Kosse.
*Ezell, B. S., Kosse.
Hardin, D. J., Kirk.
Herring, I. H., Mexia.
Holton, T. J., Horn Hill.
Holton, J. O., Prairie Hill.
Jackson, R. B., Mexia.
Jones, R. W., Oletha.
Leach, R. N., Big Hill.
Oates, T. F., Mexia.
*Peyton, F. P., Mexia.
*Rawls, J. W. (President), Thornton.
Smith, C. E., Ben Hur.
Thomas, E. E., Frosa.
Thomas, G. I., Jewett.
Watkins, A. S., Tehuacana.
Welch, T. A., Groesbeck.
White, R. F., Prairie Hill.
Wilkin, Wm. J., Big Hill.
Williams, A. H., Tehuacana.
Wilson, T. M., Thornton.

MILAM COUNTY MEDICAL SOCIETY.

Anderson, G. M., Tanglewood.
Avent, B. M., Baileyville.
Barnes, L. M., Thorndale.
Best, E. E., Cameron.
Burford, J. B., Rosebud.
Coulter, H. T., Rockdale.
*Denson, J. L. (President), Cameron.
Denson, T. J., Cameron.
Dillard, R. E., Minerva.
Dollar, J. M., Gause.
Epperson, A. S. (Secretary), Cameron.
Ferguson, R. H., Miles.
Fontain, W. J., Cameron.
Greer, W. W., Cameron.
Jones, D. C., Cameron.
McBurnett, C. W., Minerva.
Mullen, G. W., Milano.
*Newton, W. R., Buckholts.
Ramsel, P. A., Thorndale.
Sapp, M. C., Cameron.
Sessions, I. P., Rockdale.
Taylor, G. B., Cameron.

McLENNAN COUNTY MEDICAL SOCIETY.

Alexander, R. J., Waco.
*Allen, W. H., Marlin.
Anderson, R. H. (Secretary), Hewett.
Aycock, R. F., Rosebud.
Aynesworth, K. H., Waco.
Baird, T. H., Otto.
Baker, M. D., Albany.
*Barrett, H. E., Mt. Calm.
Bell, R. B., Waco.
Black, H. C., Waco.
*Blalock, H. F., McGregor.
Brown, J. B., McGregor.
Brown, R. C., Waco.
*Burgess, J. L. (President), Waco.
Cannon, I. F., Mart.
Cansler, H. K., Travis.
Carpenter, W. B., Mart.
Chaffin, J. B., Bruceville.
Cole, W. F., Waco.
Colgin, M. W., Waco.
Collum, C. C., Mart.
Compton, W. J., Crawford.
Conger, R. E., China Springs.
Connally, H. F., Eddy.
*Connally, W. P., McGregor.
Craven, A. R., Elm Mott.
Curran, W. F., Colon-Hospital Cristabol C. Z.
Curtis, A. M., Waco.
Daehne, F. G., West.
Dean, J. J., Waco.
Eanes, R. H., Waco.
Elliott, O. C., Bosqueville.
Ferrell, J. R., Waco.
*Foscue, G. B., Waco.
Foster, J. D., Riesel.
Germany, H. J., South Bosque.
Gidney, J. W., West.
Gordon, R. A., Lorena.
Gulledge, W. J., Hillside.
Harrington, J. T., Waco.
*Halbert, O. I., Waco.
*Hale, J. W., Waco.
Hall, R. J., Waldo.
Hunter, J. W., Waco.
Johns, H. M., Waco.
Kirkpatrick, S. B., Waco.
*Langford, M. L., Mart.
Langston, I. A., Waco.
Lanham, H. M., Waco.
Lovelace, J. D., Speegleville.
Lowrey, W. W., Aquilla.
McCoy, A. J., Rosebud.
McCormick, R., South Bosque.
*McCutchan, J. M., Waco.
McGee, W. E., Chilton.
McGlasson, J. L., Axtell.
Mercer, J. A., Chilton.
Miles, T. F., Lorena.
Minnock, R. F., Waco.
Moore, J. D., Lott.
Nail, W. R., Crawford.
Naylor, L. F., Moody.
Olive, N. A., Waco.
*Radney, O. D., Mt. Calm.
*Rice, S. P., Marlin.
Saunders, M. B., Waco.
Scott, B. L., Waco.
Shankle, W. M., Chilton.
Shelton, J. H., Westphalia.
Shelton, S. E., Waco.
Stone, J. B., Travis.
*Torbett, J. W., Marlin.
Trice, W. G., Elk.
Wilkes, W. O., Waco.
Witt, J. M., Waco.
Witte, W. S., Waco.
Whitesides, R. B., Lott.
Woods, J. C., Robinson.
Young, J. B., Moody.

NAVARRO COUNTY MEDICAL SOCIETY.

Bates, W. A., Purdon.
Brown, A. N., Richland.
Brown, B. S., Kerens.
Carter, W. W., Powell.
Currie, D. B. (President), Kerens.
Daniels, J. S., Chatfield.
David, J. W., Corsicana.
Ellis, W. M., Blooming Grove.
Frey, J. H., Corsicana.
Fryar, J. V. (Secretary), Corsicana.
Green, J. W. K., Corsicana.
Hamilton, J. J., Eureka.
Hanks, M. L., Corbet.
Hill, B. W. D., Dawson.
Hofstetter, G. A., Corsicana.
Houston, B. F., Corsicana.
Houston, Trim, Corsicana.
Jester, H. B., Corsicana.
Kelton, L. E., Corsicana.
Ligan, A. R., King Willow.
Lowrey, E. B., Roane.
Matlock, J. W., Frost.
Matthews, H. L., Spring Hill.
McClung, J. E., Corsicana.
Miller, A. C., Drane.
Miller, T. A., Corsicana.
Murphy, J. H., Powell.
Newburn, C. L., Barry.
Polk, Louie, Corsicana.
Robinson, W. L., Dawson.
Roberts, S. A., San Diego.
Sadler, T. B., Corsicana.
Sanders, A. D., Dawson.
Shell, W. T., Corsicana.
Slater, T. S., Angus.
Sloan, Hugh, Rice.
Sneed, K. W., Wortham.
Stephenson, H. H., Frost.
Suttle, I. N., Corsicana.
Vest, D. W., Barry.
Waits, W. S., Bazette.
*Watkins, W. B. W., Eureka.
Worsham, J. P., King Willow.

ROBERTSON COUNTY MEDICAL SOCIETY.

Bassett, L. M., Hearne.
Collard, F. R., Wheelock.
*Cummings, H. W., Hearne.
Curry, T. J., Wheelock.
Gilmore, Howard, Hays.
Gilstrap, W. P., Wheelock.
Holman, Jno. C. (President), Franklin.
Parker, Daniel, Calvert.

Parker, Will S., Calvert.
*Petty, Jno. H. (Secretary), Franklin.
Steele, J. E., Bald Prairie.
Taylor, W. C., Calvert.

THIRTEENTH OR NORTHWESTERN DISTRICT.

Dr. J. M. Britton, Cisco, Councilor.

BAYLOR COUNTY MEDICAL SOCIETY.

Burnett, T. F. (President), Seymour.
Gaines, W. L., Bomarton.
Johnson, C. E., Seymour.
Johnson, C. F., Seymour.
McLemore, J. T., Round Timbers.
Pistole, S. W., Seymour.
Ratliff, J. D., Seymour.
Richardson, J. A. (Secretary), Seymour.
Rogers, W. J., Bomarton.

CALLAHAN COUNTY MEDICAL SOCIETY.

Bailey, Jno. H., Clyde.
Brittian, B. F., Putnam.
*Estes, J. M., Clyde.
Mathews, C. C., Clyde.
Miller, J. M. (Secretary), Admiral.
Phelps, E. N., Eula.
Powell, R. G., Baird.
Thaxton, M. C., Eula.
Tisdale, Edward W., Baird.

CLAY COUNTY MEDICAL SOCIETY.

Cowles, E. J. (Secretary), Henrietta.
Dice, R. J., Byers.
*Ferris, J. H., Henrietta.
Hanson, J. H., Vernon.
Hilburn, R. E., Antelope.
Lewis, W. H., Henrietta.
Puckett, Ezra (President), Henrietta.
Rochelle, R. E. L., Buffalo Springs.
Whitmire, J. D., Halsell.

EASTLAND COUNTY MEDICAL SOCIETY.

Boon, U. C., Eastland.
Britton, J. M. (Secretary), Cisco.
Busby, T. B., Rising Star.
Crume, J. J., Quanah.
Earnest, T. J., Ranger.
Gilbert, E. B., Gorman.
Griffin, L. L., Atwell.
Johnson, J. L., Eastland.
Jones, B. F. (President), Cisco.
Kimble, E. W., Gorman.
Lee, W. P., Cisco.
Leech, A. B., Sabanno.
Leggett, C. B., Gorman.
McCoy, R. L., Haslet.
Montgomery, J. E., Romney.
Montgomery, W. C., McLean.
Nelson, D. W., Nimrod.
Nicks, J. M., Ranger.
Parks, A. J., Scranton.
Pierce, T. L., Carbon.
Rumph, G. P., Carbon.
Smith, R. C., Cisco.
*Vance, C. S., Cisco.
Wilson, B. F., Carbon.

PALO PINTO COUNTY MEDICAL SOCIETY.

Anthony, J. L., Strawn.
Baldridge, W. H., Strawn.
Barrett, L. C., Garner.
*Bass, E. P., Mineral Wells.
*Bceler, B. R., Mineral Wells.
Eastland, J. H. (Secretary), Mineral Wells.
Houx, J. F., Gordon.
Howard, I. M., Seminole.
Jenkins, B. L., Lyra.
Luttrell, J. M., Mineral Wells.
Mayfield, A. B., Mineral Wells.
McCorkle, J. H., Gordon.
*McCracken, J. H., Mineral Wells.
Mincey, J. N. (President), Mineral Wells.
Raines, C. B., Mineral Wells.
Sandifer, G. H., Lyra.
Simmons, P. R., Strawn.
Thomas, W. M., Mineral Wells.
Thompson, A. W., Mineral Wells.
Wagley, H. F., Mineral Wells.
Williams, C. B., Mineral Wells.
Withers, H. B., Mineral Wells.
Yeager, C. F., Mineral Wells.

STEPHENS COUNTY MEDICAL SOCIETY.

Ball, J. H., Crystal Falls.
Baugh, V. I., Woodson.
*Brockman, J. O., Breckenridge.
Caton, J. H. (Secretary), Breckenridge.
Evans, A. J. (President), Caddo.
Gillespie, W. E., Moran.
Hale, C. S., Wichita Falls.
Morris, H. W., Wayland.
Nunn, J. Q., Harpersville.
Rhodes, B. F., Breckenridge.

YOUNG COUNTY MEDICAL SOCIETY.

Bolin, G. W., Texline.
Connally, S. E., Markly.
Gallagher, J. W. (President), Graham.
Gant, C. B., Graham.
Jones, J. H. B., True.
Logan, W. H., Graham.
Price, L. W. (Secretary), Graham.
Smith, L. T., Loving.
Terrell, W. M., Graham.
Williamson, J. L., Graham.

FOURTEENTH OR NORTHERN DISTRICT.

Dr. C. A. Gray, Bonham, Councilor.

COLLIN COUNTY MEDICAL SOCIETY.

Andrews, J. M., Farmersville.
Avant, J. A., Weston.
*Bates, T. G., Anna.
Bell, W. A., Farmersville.
Boorman, T. G., Princeton.
Bryant, A. T., McKinney.
*Bryant, W. C., McKinney.
*Burton, E. L., McKinney.
Burt, J. D., Farmersville.
Carpenter, J. D., Frisco.
Coffey, J. C., McKinney.
Compton, H. H., Allen.
*Corry, A. C., Copeville.
Crosswhite, J. W., Weston.
Davis, R. L., Princeton.
Ellis, W. D., Plano.
Erwin, J. C., McKinney.
Evans, S. H., Anna.
*Gibson, J. E., McKinney.
Greer, J. C., McKinney.
Harris, W. G., Plano.
Hays, C. F., Climax.
Hicks, J. H., Josephine.
Houser, W. A., Blue Ridge.
Hunter, J. E., McKinney.
Kirkpatrick, O. H., McKinney.
Largent, J. W. (Secretary), McKinney.
Largent, W. T., McKinney.
Lewis, T. C., McKinney.
Manning, W. N., Westminster.
Mantooth, J. T., Altoga.
Mathers, W. R., Prosper.
Maxwell, J. L., Wylie.
Maynard, G. P., Copeville.
McElroy, F. S., Culleoka.
Mendenhall, J. W., Plano.
Metz, M. S., McKinney.
Mitchell, J. E., Celina.
Morrow, R. E., McKinney.
Perry, M. O., Allen.
Rogers, J. S., Frisco.
Rucker, W. E., McKinney.
Rutledge, A. V., Melissa.
Smith, F. M., Blue Ridge.
Smith, J. G., Nevada.
Staples, T. O., Wylie.
Throckmorton, B. E., McKinney.
Walker, R. N., Celina.
*Wiley, W. T., McKinney.
Wolford, W. F., Allen.
Wright, J. B., Princeton.
Wysong, W. D., Melissa.

COOKE COUNTY MEDICAL SOCIETY.

Bailey, R. H., Gainesville.
Conson, A. H., Gainesville.
Crawford, R. W., Munster.
Dudley, J. B., Marysville.
Dudley, R. L., Marysville.
Field, G. S. (President), Gainesville.
Garrett, F. D., Gainesville.
Garrett, M. B., Gainesville.
Gilcreest, J. E., Gainesville.
Harper, J. R., Rosston.
Higgins, D. H., Gainesville.
Hughes, C. T., Gainesville.
Jennette, J. G., Callisburg.
Johnson, C. R., Gainesville.
Kelley, W. N., Burns City.
Landis, J. A., Gainesville.
Maxwell, C. L., Myra.
Miller, W. S., Callisburg.
Presley, J. A., Woodbine.
Price, W. J., Gainesville.
Roberson, I. N., Hood.
Walker, C. C., Gainesville.
Wilson, R. S. (Secretary), Gainesville.

DALLAS COUNTY MEDICAL SOCIETY.

Allen, R. W., Dallas.
Allison, W. L., Dallas.
Aronson, Emile, Dallas.
Atkinson, Donald, Dallas.
Baird, R. W., Dallas.
Baker, W. T., Dallas.
Baldwin, Fred A., Dallas.
Baldwin, J. E., Dallas.
Bennett, W. R., Dallas.
*Blailock, W. R., Dallas.
Blount, E. A., Dallas.
Bourland, J. W. (President), Dallas.
Campbell, P. L., Dallas.
*Carnes, A. W., Hutchins.
*Cary, E. H., Dallas.
Coble, J. M., Dallas.
Cole, R. K., Dallas.
Copeland, H. V., Grand Prairie.
Cromwell, R. L., Dallas.
Deatherage, Wm., Dallas.
Decherd, Henry B., Dallas.
*Doolittle, H. M., Dallas.
Duncan, Miles J., Dallas.
Dunlap, Elbert, Dallas.
Field, K. W., Dallas.
Fisher, T. B., Dallas.
*Fisk, Willard, Lancaster.

*Florence, J. H., Galveston.
Freedman S. M., Dallas.
Gant, Marvin A., Dallas.
Gantt, A. M., Dallas.
Gordon, E. S., Dallas.
Graves, R. W., Dallas.
Greer, Bert E., Dallas.
Hackler, G. M., Dallas.
Hale, Wm., Jr., Dallas.
Hale, Wm., Sr., Dallas.
Hall, F. J., Dallas.
Hannah, C. R., Dallas.
Harral, Whitfield, Dallas.
Howard, Wm. E., Dallas.
Hudgins, Benj. E., Mesquite.
Huvell, Rene H., New York City.
Jackson, Rice R., Dallas.
Johnson, C. L., Dallas.
Jones, W. D., Dallas.
Kinsell, B. (Secretary), Dallas.
Kolaczkowski, C. G. H., Dallas.
Kuehne, Henry, Dallas.
Lasater, R. H., Mesquite.
Leake, H. K., Dallas.
Lindley, R. D., Dallas.
Lively, W. M., Dallas.
Loving, R. S., Dallas.
Lyon, Benj. F., Lancaster.
Marchman, O. M., Dallas.
Martin, J. M., Dallas.
McFadin, W., Mesquite.
McNeill, C. A., Dallas.
McRee, M. M., Dallas.
*McReynolds, J. O., Dallas.
*McWhorter, C. E., Seagoville.
Means, E. A., Dallas.
Milliken, S. E., Dallas.
Milliken, S. R., Dallas.
Moorman, J. D., Garland.
Nash, A. W., Dallas.
Neel, J. M., Dallas.
Norris, J. B., Dallas.
O'Brien, Minnie C., Dallas.
Ogle, J. H., Garland.
Payne, J. E., Grand Prairie.
Pennypacker, Viola L., Dallas.
Poe, J. G., Dallas.
Reeves, E. J., Dallas.
Remer, A. T., Dallas.
*Reuss, J. H., Dallas.
Ridgell, W. J., Kleburg.
Rosser, C. M., Dallas.
*Samuel, Wm. W., Dallas.
Seay, Dero E., Dallas.
*Shelmire, J. B., Dallas.
*Small, A. B., Dallas.
Smart, J. H., Dallas.
Smith, Lindsey, Galveston.
Smith, M. M., Dallas.
Smoot, J. B., Dallas.
Spradlin, J. Q., Dallas.
Spurgin, A. M., Dallas.
Stephenson, W. O., Dallas.
Stone, M. P., Dallas.
Swaim, G. W. B., Dallas.
Swain, Wm. C., Dallas.
Tabor, Geo. R., Dallas.
Tabor, M. E., Dallas.
Terrell, S. L., Dallas.
Titterington, J. B., Dallas.
Trible, J. M., Dallas.
Walcott, H. G., Dallas.
Watson, J. T., Dallas.
Welke, C. T., Dallas.
Wells, J. T., Dallas.
White, W. T., Dallas.
Whitis, Rufus, Dallas.
Wilkinson, Albert, Dallas.
Wilson, Pierre, Dallas.
Yancey, R. S., Dallas.
Young, W. M., Dallas.

DELTA COUNTY MEDICAL SOCIETY.

Blair, S., Klondike.
Bradford, C. T., Cooper.
Crook, W. J., Cooper.
Forrester, W. H., Klondike.
Janes, O. Y., Cooper.
Lain, H. B. (President), Cooper.
Lancaster, B. M., Cooper.
Lowry, D. O., Enloe.
McCuistian, W. W., Cooper.
McFarland, A. C., Ben Franklin.
Moorehead, T. R., Ben Franklin.
Taylor, C. C. (Secretary), Cooper.
Warren, W. O., Pecan Gap.
Westerman, D. B., Lake Creek.
Wheat, E. B., Cooper.
Wood, L. D., Charleston.
Wood, W. A., Commerce.
Woodruff, E. E., Cooper.

DENTON COUNTY MEDICAL SOCIETY.

Adkins, W. E., Pilot Point.
Allen, J. H., Justin.
Allen, T. R., Justin.
Archer, C. W., Lewisville.
Copenhaver, J. E., Aubrey.
Fullingim, M. D., Argyle.
Gammile, L. P., Ponder.
Gilbert, J. M., Lewisville.
*Gose, J. C., Krum.
Hooper, J. L., Denton.
*Inge, J. M., Denton.
Kennedy, J. W., Lewisville.
Kimbrough, W. C. (Secretary), Denton.
Kimbrough, W. G., Krum.
Kincaide, Ada, Denton.
*Kirkpatrick, D. F. (President), Lewisville.
*Lain, G. D., Sanger.
Lipscombe, C., Denton.
Lipscombe, P., Denton.
Martin, M. L., Denton.
McBride, M. C., Denton.
*Painter, F. U., Pilot Point.
Ray, A. P., Bartonville.
Reynolds, S. M., Denton.
Rice, C. F., Sanger.
*Rice, J. C., Lewisville.
Roark, A. E., Roanoke.
Rowe, H., Denton.
Rush, J. W., Corinth.
Saunders, A. J., Aubrey.
Stover, E., Little Elm.
Swearingdon, W. H., Denton.
Whorton, A. E., Garza.

ELLIS COUNTY MEDICAL SOCIETY.

Armstrong, W. B., Howard.
Barnett, T. L., Midlothian.
Bass, V. M., Ft. Stockton.
Berry, John S., Waxahachie.
*Boyd, W. D., Waxahachie.
Brown, W. C., Britton.
*Campbell, Wm. E., Ennis.
Carman, E. M., Red Oak.
Carter, J. T., Alma.
Cheatham, Thos. H. (President), Italy.
Clark, L. E., Ennis.
Cook, C. P., Ennis.
*Cornwell, M. C., Maypearl.
Cox, A. J., Ennis.
*Curby, J. H., Maypearl.
Daly, T. J., Palmer.
Fields, W. M., Midlothian.
Forehand, J. F., Bardwell.
Graham, L. H., Boyce.
Grant, O. C., Avalon.
Grant, W. A., Italy.
Griffin, Howard E., Ennis.
Hooper, J. M., Ennis.
*Jones, J. A., Palmer.
Keplinger, Leonard, Waxahachie.
King, H. L., Ennis.
*Loggins, J. C., Ennis.
Matheny, Thos. P., Bardwell.
McCall, R. A., Ennis.
*McCall, Walter P., Ennis.
Moore, N. L., Palmer.
Mussil, Antone C., Ennis.
Newlin, J. F., Avalon.
Nifong, Harry D., Britton.
*Page, J. A. T., Palfurrias.
Pickett, N. J., Milford.
*Pierce, F. A., Ferris.
Poplin, R. W., Saralvo.
Rains, J. L., Bardwell.
Rodman, John, Waxahachie.
Rodgers, Wm. P., Milford.
Sewell, J. E., Midlothian.
Simpson, C. W., Waxahachie.
Sims, W. P., Boz.
Stacy, H. O., Waxahachie.
Stoker, G. P., Red Oak.
*Stone, Geo. W., Waxahachie.
Sweatt, O. P., Waxahachie.
Vaughn, Edgar H., Waxahachie.
Tate, J. A., Ennis.
Terry, J. S., Ennis.
Thomas, A. L., Ennis.
Thompson, D. G., Waxahachie.
Thornton, Z. N., Forreston.
True, George S., Midlothian.
Wadley, S. L., Rockett.
Watson, S. H., Jr. (Secretary), Waxahachie.
Weeks, W. B., Maypearl.
West, Warren F., Waxahachie.
White, Thos. W., Ennis.
Wilson, J. S., Ferris.

FANNIN COUNTY MEDICAL SOCIETY.

Adair, C. C., Bailey.
*Alexander, W. H., Ravenna.
*Baldwin, J. G., Honey Grove.
Black, John S., Lannius.
Boyd, D. T., Bonham.
Cappleman, Jas. J., Honey Grove.
*Carlton, J. C., Bonham.
Cobb, Geo. M., Ely.
Cooper, W. A., Windom.
Crabb, R. H., Leonard.
Craven, W. E., Telephone.
Crissman, T. L., Bonham.
Curlee, W. O., Ector.
Donaldson, J. M., Dodd.
Duke, T. B., Gober.
Durrett, Joel, Savoy.
Fulton, S. H., Ladonia.
Gray, C. A., Bonham.
Hampton, N. D., Ector.
Joiner, J. C., Honey Grove.
Kennedy, A. B., Bonham.
*Lee, R. E., Honey Grove.
Leeman, H. H., Windom.
Lewallen, W. B., Bonham.
Looney, A. D., Ravenna.
*Martin, R. E., Bonham.
McDaniel, H. A., Bonham.
Milburn, J. R., Tulia.
Nesbett, J. H., Honey Grove.
Nevill, J. E. (Secretary), Bonham.
Palmer, J. W., Windom.
Pendergrass, J. J., Leonard.
Pirtle, J. B., Telephone.
Platt, A. A., Ivanhoe.
Reed, Allen T., Honey Grove.
Relyea, S. O., Ladonia.
Richardson, R. W., Gober.
Savage, H. B., Honey Grove.
Shaw, M. J., Randolph.

Short, A. W., Bonham.
Southerland, W. S., Trenton.
Van Noy, John W., Dodd.
Vaughn, W. B. (President), Honey Grove.
*Ward, W. Y., Duplex.
Watkins, L. W., Leonard.

GRAYSON COUNTY MEDICAL SOCIETY.

Acheson, A. W., Denison.
Ahlers, O. C. (Secretary), Sherman.
Anderson, R. B., Sherman.
Baskett, G. W., Van Alstyne.
Belsher, T. M., Whitesboro.
Birch, E. R., Denison.
Blassingame, A. A., Denison.
Bow, J. L., Bells.
Bristol, W. A., Denison.
Brown, G. F., Sherman.
Carey, J. W., Whitesboro.
Carter, J. C., Denison.
Carver, C. R., Sterling City.
*Crowder, T. W., Sherman.
Ellis, G. S., Sherman.
Emerson, Z. D., Cannon.
Freeman, Wm., Pottsboro.
*Gardner, A. B., Denison.
Gibbs, A. J., Denison.
Gibson, C. A., Preston.
Gunby, I. P., Sherman.
Higginbotham, W. L., Howe.
Hightower, A. T., Sadler.
*Hoard, W. R., Sherman.
Hogan, S. L., Pottsboro.
Holt, J. H., Sherman.
Horney, Harlem, Van Alstyne.
Jackson, Wm., Tom Bean.
Johnson, C. P., Whitewright.
Jones, J. F., Sherman.
King, C. L., Whitesboro.
Kusch, L., Pottsboro.
Landrum, S. H., Olustee, Okla.
Lankford, S. C., Sherman.
*Ledbetter, E. E., Tioga.
*Mathews, J. O., Howe.
May, R., Whitewright.
Mayes, J. A., Denison.
Michael, W. L., Sherman.
Millen, S. C., Elm View.
Montgomery, E. P., Whitewright.
Moody, M. L., Greenville.
Moore, H. L. (President), Dallas.
Moore, S. D., Van Alstyne.
*Morrison, M. M., Denison.
Neathery, E. J., Sherman.
*Ousley, J. W., Denison.
Poe, W. D., Sherman.
Reeves, H. V., Bells.
*Ross, D., Denison.
Rutledge, W. C., Denison.
Schenck, C. E., Sherman.
Seay, E. L., Sherman.
Simmons, D. H., Southmayde.
Slaughter, J. M., Van Alstyne.
Smith, S. W., Denison.
Stinson, J. B., Sherman.
Teas, F. M., Denison.
*Veazey, Wm., Van Alstyne.
Weaver, S. R., Sherman.
Wilbanks, M. L., Bells.
Williams, E. C., Collinsville.
*Wilson, J. T., Sherman.
Worley, H. B., Verden, Okla.
Worley, H. C., Sherman.
Wynn, T. F., Denison.

HOPKINS COUNTY MEDICAL SOCIETY.

Binion, W. T. (President), Cumby.
Bradford, W. A., Birthright.
Brewer, J. W., Ochiltree.
Cate, Bert, Cumby.
Chapman, B. F., Birthright.
Clark, W. A., Cumby.
Connor, W. E., Cumby.
Cooper, S. B., Peerless.
Cross, R. J., Ridgeway.
Dial, H. C., Sulphur Springs.
Dial, J. J., Sulphur Springs.
Dickerson, J. P., Tazewell.
Duval, J. W., Wichita Falls.
Faulk, L., Reily Springs.
Hargrave, R. L., Sulphur Springs.
Kinnemur, W. E., Brashear.
Long, W. W., Sulphur Springs.
Longino, S. B. (Secretary), Sulphur Springs.
Lynch, N., Como.
Lynch, True, Como.
McCauley, R. J., Sulphur Springs.
McDowell, J. E., Miller Grove.
McGarity, E. P., Como.
Pardue, D. C., Brashear.
Pickett, H. W., Sherley.
Shrode, J. M., Saltillo.
Smith, O., Cumby.
Sparks, J. B., Weaver.
Stephens, Geo. S., Cooper.
Stirling, W. C., Sulphur Springs.
Tucker, W. A., Peerless.
White, J. T., Sulphur Springs.

HUNT COUNTY MEDICAL SOCIETY.

Arnold, B. F., Greenville.
Becton, E. P., Greenville.
Becton, Joe, Greenville.
*Bickley, N. H., Merit.
Black, R. C., Commerce.
Bowman, C. W., Caddo Mills.
Cannon, J. E., Celeste.
*Cantrell, C. E., Greenville.
Cantrell, Will, Greenville.
Coppedge, J. J., Lone Oak.
Day, W. L., Caddo Mills.
Floyd, G. F., Lone Oak.
French, J. H. (President), Greenville.
Gray, A. N., Floyd.
Hale, B. F., Wagner.
Harris, J. F., Celeste.
Hennen, J. C., Lone Oak.
*Hopkins, E. A., Wolfe City.
Howell, M. S., Merit.
Kennedy, C. T., Greenville.
King, H. E., Vansickle.
Lemmon, W. M., Greenville.
McBride, A. S., Lone Oak.
Merchant, C. B., Quinlan.
Milner, T. J., Greenville.
Moody, W. C., Greenville.
*Moore, A. B., Neyland.
*Nichols, J. R., Greenville.
Norris, G. B., Celeste.
Peak, P. A., Greenville.
Pearson, P. W., Emory.
Roach, J. L., Lone Oak.
*Smith, R. B., Quinlan.
Waddle, D. R. (Secretary), Greenville.
Welch, W. C., Caddo Mills.
Williams, Eugene, Celeste.

KAUFMAN COUNTY MEDICAL SOCIETY.

Alexander, Wm. F., Elmo.
Bishop, Walter A., Chief.
Couch, Jos. A., Crandall.
Cravens, Jno. A., Scurry.
Davis, T. P., Terrell.
Fowler, Eugene M., Forney.
Grigsby, Clarence M., Kaufman.
Hall, Robert L., Terrell.
Hearne, Robert E., Mabank.
Holton, Robert W., Scurry.
*Hubbard, Burrel J. (Secretary), Mesquite.
Hudgins, B. Ellis, Mesquite.
Hudgins, David H., Forney.
Irvine, Wm. P., Mabank.
Jackson, Eugene, Elmo.
Jenkins, F. H., Kemp.
Johnson, Geo. A., Terrell.
Jones, Lemuel L., Terrell.
Ledbetter, A. D., Crandall.
McMullan, H. R., Jiba.
Mizell, Sewell, Kaufman.
Monday, Wm. H., Terrell.
Myers, Robt. E., Kemp.
Neely, Wm. H., Terrell.
*Park, Jas. W., Kaufman.
Phillips, Hiram M., Prairieville.
*Poff, Claude M., Terrell.
Pollard, Willis J. (President), Kaufman.
Powell, Geo. F., Terrell.
Price, Jno. W., Rosser.
*Rhodes, Jno. S., Prairieville.
Sanders, Jos. M., Scurry.
Shands, Percy C., Forney.
Shaw, Wm. C., Ola.
Sowell, Lon B., Forney.
Stewart, Wm. M., Terrell.
*Still, Jas. M., Kemp.
Taylor, D. Grant, Scurry.
*Watkins, Wm. A., Kemp.
White, Frank S., Terrell.
*Williams, Horace B., Kaufman.
Yates, Frank P., Terrell.
Yates, G. M., San Angelo.
Yeager, Jas. A., Terrell.

LAMAR COUNTY MEDICAL SOCIETY.

Armstrong, J. E., Biardstown.
Bedford, G. W., Paris.
Biard, A. C., Pattonville.
Black, T. R., Blossom.
Bradford, H. M., Howland.
Briscoe, W. R., Arthur City.
Buford, T. W., Minter.
Campbell, J. F., Brookston.
Carraway, J. H., Petty.
Chapman, J. B., Paris.
Crcede, J. R., Petty.
Davies, R. P., Petty.
DeWitte, R. E., Lenoir.
Edwards, E. P., Paris.
Ellis, B. V., Paris.
Fitzpatrick, W. W., Paris.
Fuller, J. E. (President), Sumner.
Gatling, W. A., Howland.
Geron, T. C., Paris.
Gibson, J. F., Paris.
Goolsby, E., Direct.
Grant, B. S., Deport.
Grant, S. H., Deport.
Hammond, J. L., Noble.
Harrel, R. D., Harmon.
Hooks, J. M., Paris.
Huckaby, A. C., Roxton.
Jennings, J. L., Roxton.
Leverett, J. L., Faught.
Lindsay, A. H., Paris.
McCuistion, L. P., Paris.
McCuistion, S. W., Pattonville.
McCuistion, W. G., Davis.
McMillan, J. D., Paris.
Meyer, Joseph, Paris.
Milam, T. H., Arthur City.
Moody, T. C., Paris.
Moore, W. M., Paris.
Oliver, T. E., Deport.
Palmer, L. B., Petty.
Patterson, R. M., Atlas.
Payne, G. W., Glory.
Roberts, T. R., Paris.

Rush, A. J., Paris.
Steele, E. H. B., Jennings.
Stell, G. S., Paris.
Stephens, L. B., Brookston.
Walker, M. A. (Secretary), Paris.
Warren, A. S., Emberson.
White, J. C., Paris.

MONTAGUE COUNTY MEDICAL SOCIETY.

Anderson, Wm. H., St. Jo.
Boswell, A. H., Spanish Fort.
Carleton, E. E., Ringgold.
Clark, D. W., Montague.
Crain, N. W., Nocona.
Crump, J. G., St. Jo.
Ewing, L. D., Ringgold.
Foster, R. A., Nocona.
Herndon, H. T., St. Jo.
Humphreys, S. T., Nocona.
*Lawson, J. T., Bowie.
Lee, W. A., Illinois Bend.
*Strong, Sneed (President), Bowie.
Tenney, L. P. (Secretary), Stoneburg.
Wall, I. L., Bonita.
Wilkins, H. A., Bonita.
Wilton, H. F., Nocona.
Winstead, L. A., Spanish Fort.
Yeakley, G. W., Bowie.
Younger, J., Bowie.

PARKER COUNTY MEDICAL SOCIETY.

Boyd, R. (Secretary), Weatherford.
Campbell, W. M., Weatherford.
Chandler, J. N., Weatherford.
Cole, J. W., Millsap.
Coulter, R. P., Weatherford.
Foster, E. C., Whitt.
Garrett, A. S. (President), Springtown.
Hood, W. S., Springtown.
Irby, Alf, Weatherford.
Jones, G. M., Springtown.
Kimbrough, T. J. S., Weatherford.
Kuykendall, A. R., Weatherford.
Leach, H. F., Aledo.
Lindsey, S. A., Whitt.
McNelly, C. M., Weatherford.
Morse, O., Weatherford.

ROCKWALL COUNTY MEDICAL SOCIETY.

Austin, J. L. (President), Rockwall.
Benbrook, J. T., Rockwall.
*Corry, J. F., Rockwall.
Jackson, C. M. (Secretary), Rockwall.
Keys, T. L., Rockwall.
Loyd, R. G., Royse.
Pettigrew, H. F., Chisholm.
Sorrells, C. C., Royse.
Tabler, J. N., Royse.
Wright, E. F., Royse.

TARRANT COUNTY MEDICAL SOCIETY.

Adams, Geo. E., Fort Worth.
Aldridge, H. H., Fort Worth.
Anderson, James, Fort Worth.
Axtell, Earl, Fort Worth.
Balke, J. W., Fort Worth.
Bardin, J. S., North Fort Worth.
Barber, L. A., Fort Worth.
Beall, E. J., Saginaw.
*Beall, K. H., Fort Worth.
Beall, F. C., Fort Worth.
Bectol, E. C., Grapevine.
Bennett, J. C., Coppell.
Black, L. P., Fort Worth.
Blackburn, J. S., Fort Worth.
Bond, George D., Fort Worth.
*Boyd, Frank D., Fort Worth.
Brannon, H. O., Fort Worth.
Brewer, C. P., Fort Worth.
Campbell, W. E., Crowley.
Capps, E. D. (President), Fort Worth.
*Chambers, Rufus, Fort Worth.
*Chase, I. C., Fort Worth.
Chilton, W. E., Fort Worth.
Cleveland, A. M., North Fort Worth.
Coffey, Alden, Fort Worth.
Colley, L. H., Smithfield.
Cook, W. G., Fort Worth.
Cooper, J. L., Fort Worth.
Cosby, J. A., Azle.
*Covert, J. D., Fort Worth.
Cravens, M. H., Arlington.
Creagan, M. V., Fort Worth.
Davis, W. H., Arlington.
Dorris, T. B., Grapevine.
Dunlap, Roy, Fort Worth.
*Duringer, W. A., Fort Worth.
Duringer, W. C., Fort Worth.
*Dycus, Earl, Juno.
Floyd, J. R., North Fort Worth.
Frazier, J. R., North Fort Worth.
Furman, J. M., Fort Worth.
Galloway, C. M., North Fort Worth.
Gilmore, M. E., North Fort Worth.
Givens, J. M., Fort Worth.
Gracey, J. A., Fort Worth.
Grammer, R. B., Fort Worth.
Graves, C. P., Everman.
Gray, Frank, Fort Worth.
Hall, E. P., Fort Worth.
Haggard, F. A., North Fort Worth.
Harper, C. O., Fort Worth.
Harris, C. H., Fort Worth.
Harvey, F. L., Arlington.
Hayden, G. W., Fort Worth.
Hogsett, C. Y., Fort Worth.
*Hooper, P. L., Fort Worth.
Horn, J. H., Fort Worth.
Howard, W. R., Fort Worth.
Irion, J. W., Fort Worth.
Jeter, F. M., Fort Worth.
Johnson, Clay, Fort Worth.
Jones, O. Lee, Fort Worth.
Joyes, Critenden, Fort Worth.
Kelley, J. A., Fort Worth.
Kibbie, Kent V., Fort Worth.
King, A. R., Fort Worth.
Lackey, W. C., Fort Worth.
LeBeaume, G. E., Fort Worth.
Lipscomb, R. S., Grapevine.
Lipscomb, W. D., Grapevine.
Littler, W. D., Fort Worth.
Mackey, W. B., Fort Worth.
Mahon, D. J., Fort Worth.
McCoy, R. L., Haslet.
McKissick, J. F., Arlington.
McKnight, J. N., Fort Worth.
McKnight, W. B., Mansfield.
McLean, J. B., Fort Worth.
McLean, J. H., Fort Worth.
McNeill, W. L., Arlington.
Meharg, J. A., Fort Worth.
Miller, R. E. L., Tampico, Mexico.
Milton, Solon, Fort Worth.
Moore, R. W., Fort Worth.
Morton, G. V., Fort Worth.
Mullins, J. M., Fort Worth.
Mullins, W. C., Fort Worth.
Mullinix, A. J., Fort Worth.
Newton, W. T., Fort Worth.
Payne, R. L., Arlington.
Reger, H. J., Fort Worth.
Rhodes, L. F., Tarrant.
Ross, D. C., Fort Worth.
Rounds, Wm., Fort Worth.
Rushing, F. E., Fort Worth.
Sanders, J. F., North Fort Worth.
*Saunders, Bacon, Fort Worth.
Saunders, Roy, Fort Worth.
Slauter, L. B., Fort Worth.
Smith, R. H., Azle.
Stephens, E. L., Fort Worth.
*Suggs, L. A., Fort Worth.
Tadlock, M. E., North Fort Worth.
Talbot, M. Lyle, Fort Worth.
Talbot, R. D., Fort Worth.
Thomas, J. N., Mansfield.
Thomas, H. G., Handley.
*Thompson, W. R., Fort Worth.
*Thompson, F. D., Fort Worth.
Trigg, H. B., Fort Worth.
*Trigg, Ross, Fort Worth.
*Turner, John S., Fort Worth.
Van Zandt, I. L., Fort Worth.
Walker, A. C., Fort Worth.
Warwick, H. L. (Secretary), Fort Worth.
*Watters, E. A., Fort Worth.
*West, R. B., Fort Worth.
West, W. Beverly, Fort Worth.
Withers, I. A., Fort Worth.
Wolfe, J. M., Fort Worth.
Woodward, W. A., San Angelo.
Woody, W. A., Fort Worth.

VAN ZANDT COUNTY MEDICAL SOCIETY.

Blankenship, J. B., Canton.
Collier, E. S. (President), Wills Point.
*Cox, M. L., Canton.
Darnell, D. C., Grand Saline.
Davis, J. C., Canton.
Dickerson, S. H., Edon.
Ferrell, N. A., Edgewood.
Fry, J. M., Wills Point.
Fry, H. T., Wills Point.
Gee, E. J., Wills Point.
Haynes, C. L., Wills Point.
Lyons, W. P., Stone Point.
Maxfield, J. R., Grand Saline.
*Robertson, W. H., Canton.
Sanders, D. Leon (Secretary), Wills Point.
Simons, A. S., Grand Saline.
Terry, W. H., Canton.
Travis, J. M., Canton.
Tucker, J. T., Wills Point.
Wallace, H. E., Ben Wheeler.

WISE COUNTY MEDICAL SOCIETY.

*Blanton, J. J., Chico.
Blanton, W. P., Chico.
Bramlette, A. C., Terrell.
*Brasselton, B. E., Bridgeport.
Buckner, K. L., Bridgeport.
Caddell, M., Decatur.
Carpenter, D. A., Rhome.
Embry, J. A. (President), Decatur.
Ford, J. F. (Secretary), Decatur.
Foster, E. H. H., Boonsville.
Funk, P. C., Bridgeport.
*Gose, J. M., Alvord.
Harris, B. A., Lone Wolf, Okla.
Hart M. M., Slidell.
Hunt, J. D., Crafton.
*Ingram, J. J., Decatur.
Knox, C. H., Colton, California.
McElroy, A. P., Paradise.
McNew, M. C., Krum.
*Palmer, W. B., Audubon.
Payne, C. W., Alvord.
Peek, T. B., Paradise.
Petty, S. J., Park Springs.
Poindexter, J. G., Bridgeport.
Randall, L. J., Bridgeport.
Redford, W. E., Boyd.
Reeves, L. H., Decatur.
Siever, C. N., Alvord.
*Simmons, C. B., Decatur.
Simmons, J. E. G., Boyd.

*Wilkerson, B. O., Chico.
Workman, C. N., Willow Point.

FIFTEENTH OR NORTHEASTERN DISTRICT.

Dr. Holman Taylor, Marshall, Councilor.

BOWIE COUNTY MEDICAL SOCIETY.

Abell, G. C., Texarkana.
*Ball, S. C., New Boston.
Beek, E. L., Texarkana.
*Bryan, O. J., Nash.
Burrows, H. A., New Boston.
Evans, H. P., Maud.
Fuller, T., Earle, New Boston.
Gatlin, E. N., Redwater.
Grant, R. L., Texarkana.
Hayes, J. V., Malta.
Helms, C. P., New Boston.
Helms, W. L., Jonah.
Hunt, Preston, Texarkana.
Kittrell, T. F. (Secretary), Texarkana.
Klein, Nettie, Texarkana.
Lee, A. G., Texarkana.
Lee, S. C., Redwater.
Mann, R. H. T., Texarkana.
McCurry, W. T., Texarkana.
McDaniel, I. H., Simms.
McGee, J. R., New Boston.
McKinney, E. J., DeKalb.
Poer, J. E. (President), Poer.
Post, G. A., Simms.
Read, W. K., Texarkana.
Rochelle, J. W., Hooks.
*Smith, C. A., Texarkana.
Wilder, J. H., Hooks.

CAMP COUNTY MEDICAL SOCIETY.

Bates, Jas. Knox, LaFayette.
Bryson, Edward E. (President), Pittsburg.
Ellington, F. Hooper, Pittsburg.
Florence, J. B., Lecsburg.
Henderson, C. F., LaFayette.
Lacy, Robert Y. (Seerctary), Pittsburg.
Swain, Robert J., Pittsburg.
Thornton, Henry. Pittsburg.
Townsend, W. P., Matinburg.

CASS COUNTY MEDICAL SOCIETY.

Cocke, C. E., Atlanta.
Davis, C. E. (President), Linden.
Gowan, J. D., Queen City.
Howe, T. G., Douglassville.
Jenkins, H. L. D., Hughes Springs.
*Johnson, L. S., Atlanta.
Long, R. L., Atlanta.
Lumpkin, R. D., Jefferson.
McClung, R. L. (Secretary), Atlanta.
McDuff, J. M., Atlanta.
Peebles, Felix, Atlanta.
Russell, W. E., Avinger.
Starkey, Wm. A., Atlanta.
Starnes, A. E., Hughes Springs.
Turner, A. J., Bronte.

FRANKLIN COUNTY MEDICAL SOCIETY.

Beavers, J. H., Mt. Vernon.
*Crutcher, W. C. (President), Mt. Vernon.
Davis, P. N., Mt. Vernon.
Fleming, J. M., Mt. Vernon.
Holbrook, J. H., Mt. Vernon.
Mahaffey, H. A. (Secretary), Mt. Vernon.

HARRISON COUNTY MEDICAL SOCIETY.

Allen, G. W., Harleton.
Baldwin, B. H., Fern.
Carwile, H. R. (President), Marshall.
*Cocke, Rogers (Secretary), Marshall.
*Hall, R. C., Marshall.
Hargrove, C. R., Marshall.
Heartsill, C. E., Marshall.
Heartsill, O. M., Marshall.
Hilliard, H. I., Marshall.
Lane, Wade J., Marshall.
Mahon, Geo. D., Marshall.
McCurdy, T. C., Marshall.
Moore, J. A., Marshall.
Nelson, W. W., Marshall.
Rains, Geo. P., Marshall.
Rosborough, J. F., Marshall.
*Taylor, Holman, Marshall.
Taylor, J. H., Marshall.
Vaughn, S. F., Jonesville.
Vaughn, Z. E., Waskom.
Watt, W. D., Hallville.
Wheat, M. H., Marshall.

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VOL. IV. JULY, 1908. No. 3.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Brass Tacks on the New Medical Law.—The Board of Medical Examiners has about finished the arduous duty of re-registering State physicians. In almost every community the voice of the grumbler can be heard complaining that irregulars have been licensed—that the Board was notified, but disregarded the information. The facts are that the Board in person, by letter and by publication in this JOURNAL besought the profession to inform it of practitioners ineligible to license. In every instance the Board later requested proof, and in most cases reports were found to be based on professional jealousy, hatred or hearsay. The law plainly says that license may be withheld only for fraud in obtaining documents, conviction of certain crimes, or conduct likely to deceive, defraud or injure the public, or for personal habits endangering life. The Board has never granted license where its right to withhold it was shown. Those who complain have only themselves to criticise.

Many of the profession do not seem to understand the purpose of a medical practice act; it is not to aid physicians, not to protect medical practitioners, not to purify nor elevate doctors, not to create a monopoly, not to limit numbers, not to support any specific code of etiquette or ethics, not to recognize schools of practice—in general, *it is not for the medical profession. A medical practice act is for the people, to protect the people and the whole people from the ignorance and inefficiency which threaten their lives.* Such a law may have a salutary effect on the medical profession in many ways, but this is only a secondary consideration.

A doctor writes: "If the State Medical Association is going to allow these ignorant midwives to practice as they do, I'm going to quit the Association and go into quackery." The State Medical Association has nothing to do with this. If the doctor is interested in the public he will assist in the enforcement of the practice act in his community, the same as other laws against gambling, stealing and murder. If self-interest rules him, he may go to quackery if he thinks it pays.

A quack is, of course, one who makes noise out of proportion to ability. To abolish quacks, itinerants, advertisers and medical "institute" owners, shall we appeal to the practice act? By no means; the law was not passed for such a purpose. A suit against a person under it for unprofessional conduct stamps the action in the public eye as persecution by other and supposedly jealous practitioners. Every undesirable doctor's business is based on fraud, deception and criminal acts. Not one of them can stand exposure of their methods. They promise what they can not deliver, charge more than their services are worth, sell common medicines at enormous prices, and lie in their diagnoses. Such men should and can best be tried under the common laws, like others who rob and defraud. We need to better understand our legal position—we qualify under and the public are assured of our proper education, by the practice act; we live and deal with our fellows under the common laws to the end that honesty and justice may mark our dealings.

The Barbers' Law Unconstitutional.—In another column will be seen the decision of the Court of Criminal Appeals in which Presiding Judge Davidson declared the barbers' law unconstitutional. The decision seems to be based on the conclusion (1) that the $1, paid for an examination to test a barber's knowledge of how to protect the public from disease as well as to demonstrate a knowledge of his art, is an occupation tax; (2) that the exemptions of the law are unconstitutional discriminations. The barbers' law in many respects appeals to us as being a good law. We regret to see it destroyed. The life and death of this measure is an example of the inefficiency arising from the multiplication of laws relating to public health. The administration of complex public health measures can be entrusted only to a board of health with discretionary powers. Barber shops, like butcher shops, dairies, hospitals, asylums and all public and private enterprises touching the health of the public, should be under the control of an efficient Board of Health. The death of this measure may assist rather than hinder in securing proper State control by demonstrating the need of the speedy establishment of a Board of Health.

Local Opticians After Itinerants.—What is a specialist, as conceived by the last Legislature? Evidently he must be a professional man—we suppose a doctor, a lawyer, a preacher, an architect or other recognized profession in which one may specialize. The Attorney General rules that "refractionists" are specialists. We suppose refractionists are the same as opticians. If so, it would seem that the only recognized "profession" they could be specialists in would be medicine, an opinion shared by some of the medical profession when the manufacturer of glasses enlarges his field of work to approaching and examining patients, prescribing, manufacturing and applying glasses.

Judge Davidson has just ruled the Barbers' trade mechanical. The practical manufacture of glasses and their adjustment and mounting appears to be also mechanical. If opticians are specialists it would seem that bracemakers, crutch builders, truss manufacturers and shoemakers are also. It will probably be found that the optical trade is mechanical; that the ruling of the Attorney General's office is at fault in calling them specialists; that as a trade they can with no more consistency claim protective legislation than other mechanical pursuits. It is evident that the following appeal to the new law is for trade purposes only.

The law reads as follows, Chapter 35, Section 2, Acts of the Thirtieth Legislature:

"From every itinerate physician, surgeon, oculist or other medical or other specialist of any kind, traveling from place to place in the practice of his profession, except dentists practicing from place to place in the county of their residence, an annual tax of fifty dollars."

The Attorney General's letter is as follows:

Mr. William H. Sherrill, Royse, Texas.

DEAR SIR: Replying to yours of the 29th ult., you are advised that under the provisions of Chapter 35, Acts of the Thirtieth Legislature, itinerant oculists, or medical, or other specialists traveling from place to place in the practice of their profession are required to pay to the State an annual occupation tax of $50. Each county in which said specialists practice their profession is also authorized to levy a tax equal to one-half of the above amount.

In our opinion "Refractionists" are specialists within the meaning of the statute above referred to, and, therefore, embraced within the provisions of said act.

Yours very truly,
JAS. D. WALTHALL,
Office Assistant Attorney General.

Austin, Texas, April 7, 1908.

The Dallas Optical Society has issued the following letter:

To the Opticians of Texas:

Above we give the full text of a letter from the Attorney General's office, to a traveling optician, Mr. W. H. Sherrill, of Royse, Texas. This letter is a response to his inquiry as to whether traveling opticians or refractionists were subject to State and county tax.

The opticians of Dallas, believing this is a just and good measure, hereby give it their indorsement, and ask the co-operation of every optician and dealer in optical goods in the State in securing its enforcement.

We believe that any competent "Refractionist" or optician who is now traveling can locate in one of the many good towns of Texas and do well.

We believe that the enforcement of this law will tend to raise the standard of optometry in Texas, in that a permanently located refractionist, in order to make a success of his profession, must be more competent than the itinerant optician who does not depend on any particular locality for support.

The enforcement of this law will practically put the *illegitimate traveling* optician out of business in Texas. It will keep out of the State *illegitimate traveling* opticians from other States, and turn the optical business back to the *located and legitimate* opticians and optical dealers.

Show the copy of this letter to your county attorney, and ask his support in the matter.

When traveling opticians and optical specialists come to your town to take business that rightfully belongs to you, have your county attorney or sheriff ascertain whether or not he has paid the State and county tax referred to in this letter, and see that he does pay it before he is allowed to practice in your town and county.

We would like to hear of all action taken in this matter, with their termination, success, etc.

Yours truly,
DALLAS OPTICAL SOCIETY,
R. A. TERRELL, President.
L. E. WHITMORE, Secretary.

New Oklahoma State Journal.—The first issue of the new Journal of the Oklahoma State Medical Association appeared in June. It is printed at Guthrie, and edited by the State Secretary, Dr. E. O. Barker. Dr. Barker has had experience in medical journalism previously, as he was founder and editor of the former *Oklahoma Medical News*. This Journal has since changed hands. The establishment of a State journal for the Association is, in our opinion, the wisest action that could have been taken by that body. In no other way can the State profession have independent utterance and unify its views on questions of State policy. The journal is 6¾x10 inches, magazine size, pages printed in single column. The appearance is very neat. The first issue contains the President's address, two medical papers and the proceedings of the last House of Delegates, together with editorials, the roll of county societies and a list of members of the State Association numbering 971. The first issue contains a small amount of advertising. We are glad to see that most of it is ethical. However, the wisdom of the insertion of Glyco-Thymoline without any formula is, in our opinion, very questionable and still more so the full page advertisement of the unapproved remedy—"Pneumo-Phthysine." This last name shows it is intended finally for a popular remedy. We sincerely hope that the wideawake profession of Oklahoma will, through its journal, heartily support the Council on Pharmacy and Chemistry, and not advocate any remedies not guaranteed by the great national investigating body—

the only agent at present that can assure us of the value and respectability of pharmaceutical preparations.

Medical Legislation in Oklahoma.—In the organization of the new State of Oklahoma a golden opportunity presented itself for beginning with correct medical laws. The State Association drew up an excellent bill. Conferences were held with the minor schools. The bill provided for a State Board of Health, which should include the duties of a board of medical examiners. The members of the minor schools were true to their promise and remained faithful in the support of the measure. It was a non-sectarian bill, approved personally by the Governor. There were ten doctors in the Legislature, eight members of the Association and sufficient to represent the profession. The bill exempted chiropaths, osteopaths, and all "those who manipulate the skeletal frame," as well as magnetic healers. When this bill was introduced the old Territorial board of health called together their county and municipal health officers and pledged the entire membership to split the State Association measure, giving the State Association a Board of Medical Examiners and making a separate Board of Health, allowing the old health officers an opportunity for appointment on it and for the perpetuation of their political preferment. This faction split the measure and the bills obtained are reported to be extremely unsatisfactory. At present the bills are in the hands of the codifying committee and it is not possible to obtain copies. The establishment of a State journal for Oklahoma will enable the entire profession to be unified and to be better educated as to the needs of the State. It is hoped that the present condition of affairs may be speedily improved.

A Medical Camp Meeting.—Dr. W. W. Richmond, of Clinton, Kentucky, is the originator of one of the most unique and popular ideas to encourage medical meetings. For some years he has invited the medical profession of his county to a medical camp meeting. He provides the comfort of a large hunting outfit with good servants. With the opportunity for friendly intercourse and medical discussions there is afforded hunting and fishing and recreation, which make these meetings occasions of great interest. A large percentage of the county practitioners annually spend ten days in the woods with their genial host. The fame of camp-fire tales and squirrel stews in which seventy-five squirrels sing have spread over Kentucky. Dr. Richmond was present at the recent meeting of the American Medical Association at Chicago and added to the description of his methods the influence of his genial personality.

Discussions at the Annual Meeting.—A copy of the notes taken on discussions of scientific papers at the annual meeting has been mailed to every member whose discussion could be taken. These notes are simply a memorandum of the subjects under discussion and the principal points made in the five-minute remarks. They should be sufficient to vividly recall the circumstances and the substance of what each speaker said. All who desire their discussions printed in the JOURNAL with the papers must amplify these notes and send in an authorized copy of what they wish printed. It is taken for granted that those men who are not interested enough in their remarks to correct and O. K. them do not desire them printed. It is only by such correction that the most carefully taken notes can be published, as so many hasty remarks are often made in an extemporaneous debate as to misrepresent the speakers.

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Committee on Arrangements for 1909 Meeting.—Not yet appointed.

ORIGINAL ARTICLES.

"DIVERTICULOSIS AND DIVERTICULITIS."*

BY

JAMES J. TERRILL, M. D.,
Acting Professor of Pathology, Medical Department of the University of Texas.
GALVESTON, TEXAS.

Historical.—While for many decades it has been recognized that there are two great classes of diverticula to be met in the intestinal tract, the congenital and the acquired, and while the rôle of the congenital, especially Meckel's, in the pathology of the abdomen has received due notice, it is only within the past ten years that the attention of the medical profession has been directed to the acquired diverticula as a possible source of serious morbid processes. Since Hansemann's[8] paper in 1898, a number of writers have mentioned in one

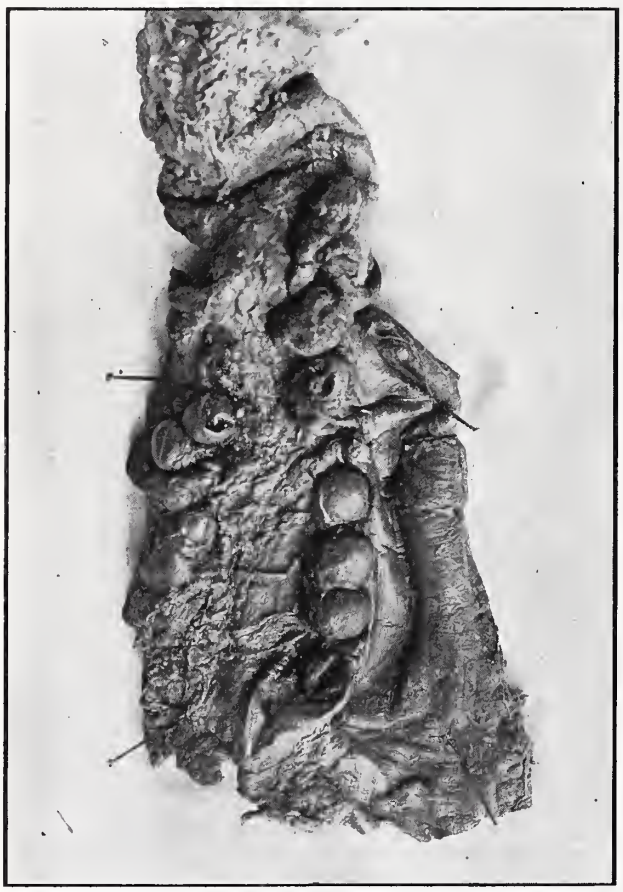

Fig. 1. Case one. External surface of sigmoid. Fat dissected away. Note the two rows of diverticula.

way or another something concerning the nature of the changes to which these acquired diverticula are subject. Many terms have been introduced to apply to this condition, resulting in the usual confusion which always occurs when a subject is being threshed out before we finally reach the bed rock of truth upon which all can agree.

Definition of Terms.—In order to avoid ambiguity, permit me to define the two terms "diverticulosis" and "diverticulitis," as I shall use them. I have taken the liberty to coin the word "diverticulosis," since I have been unable to find in the literature a word which expresses this condition. "Diverticulosis" is that condition of the intestinal tract, or portion of it, characterized by the persence of multiple acquired diverticula. Since the congenital diverticula occur singly, and the acquired are practically always multiple, the expression "diverticulosis" can be applied to all those cases in which acquired diverticula occur. The term "diverticulitis" I would restrict definitely to inflammations of these acquired diverticula.

Report of Cases.—To introduce the subject of diverticulosis, I have here recorded four cases which have come into my hands during the past year:

Case 1.—Aged female in the anatomic laboratory of the University of Texas. No history. There are twenty-eight diverticula in the sigmoid flexure of the colon. They are arranged in two irregularly parallel rows opposite the mesenterie attachment. Many of these diverticula definitely project into what were once appendices epiploicae. The diverticula vary in size from minute to from 0.9 to 1.3 cm. in diameter, projecting as little rounded apple-like masses (Fig. 1) when the fat is removed. There are none in the rectum, and none in the descending colon, although here the normal sacculations are more pronounced. As to the rest of the tract, I can not say. The diverticular walls are quite thin, less than one-fourth the thickness of the normal intestinal wall, translucent when held up to the light. These diverticula open into the main lumen of the sigmoid by orifices (Fig. 2) less than half the diameter of the diverticular cavity. The orifices are surrounded by prominent lips. While for the most part these mouths are plainly seen, some of them are hidden beneath transverse overhanging folds of mucosa, so that they would easily be overlooked upon superficial examination.

Fig. 2. Case one. Internal surface of sigmoid. Shows the orifices with pro minent lips, at time puckered, or somewhat hidden.

Microscopically (Fig. 3), the following features are quite constant:

First.—The muscular coat of the sigmoid stops abruptly at the beginning of the diverticulum, and is piled up about the

*Chairman's Address, Section on Pathology, State Medical Association of Texas, Corpus Christi, May 14, 1908.

orifice, a point which Fischer[4] notes, but does not stress. This piling up is most marked where the orifice is smallest compared to the size of the cavity of the diverticulum. At times, this gives one the impression of a sphincter. This disposition of the muscle can be explained as the result of the pushing aside of the muscle fibres when the mucosa and the submucosa herniates through. This is exactly what I believe happens in most cases, and, in my judgment, sufficient stress has not been laid upon the amount of muscle about the mouths of the acquired diverticula. This will be referred to later.

Second.—The number of blood vessels in the submucosa about the orifices is quite noticeable.

Third.—The mucosa of the diverticular wall is thinned, and the gland tubules atrophic, with a varying number of small round cells, chiefly lymphoid cells, distributed between them. Only once was there a resemblance to a solitary follicle. The muscularis mucosa is also wanting.

Fourth.—The muscular coat of the intestine is lacking in the diverticular wall; the submucosa is condensed into a narrow zone and fused with the serous coat. An occasional submucosal blood-vessel still persists.

Fifth.—In every section examined, the summit is crowned by one or more large blood-vessels, lying outside the narrowed submucosa and often surrounded by adipose tissue.

The above case is quite typical of diverticulosis of the sigmoid.

Case 2.—Aged male. Anatomic laboratory. The intestine is very fatty. The sigmoid is the seat of eight diverticula, again in two rows. From the external surface these are hard to find since they have invaginated into plugs of fat (appendices epiploicae). However, on the internal aspect the orifices are easily found (Fig. 4), although transverse folds

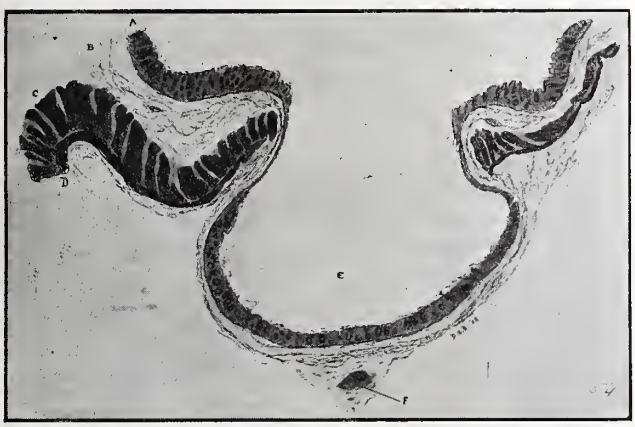

Fig. 3. Camera lucida drawing (x21). A, sigmoid mucosa; B, submucosa; C, muscle cut transversely; D, muscle cut longitudinally; E, cavity of diverticulum; F, large vessel on convexity. Note the muscle about the orifice. Actual transverse diameter of E 3 millimeters.

of mucosa occasionally overlie them. The size in this specimen varies from 0.5 to 1.1 cm. in diameter, and the diameters of the orifices are about two-thirds those of the cavities. Microscopically the same features described for Case 1 prevail, although the piling up of the muscle is not so well shown.

Case 3.—Male, aged 65 years. Autopsy. Carcinoma of cardiac end of stomach. Five small diverticula are found in the transverse colon, extending between the layers of the great omentum. These are fairly rounded and open into the lumen of the colon by constricted mouths. In this case the splenic flexure of the colon was firmly adherent to the carcinoma mass, which had extended from the cardiac end of the stomach to the left, involving the spleen, tail of the pancreas, diaphragm and splenic flexure of the colon. This caused a partial obstruction whereby the feces were undoubtedly retained in the transverse colon longer than usual. Careful search failed to reveal diverticula anywhere else along the intestinal tract, special search being made in the sigmoid.

Case 4.—Aged female. Anatomic laboratory. No history. The specimen consists of the lower six inches of the sigmoid; other parts of the tract not preserved. The sigmoid in this part extends downward and to the right about four inches, then turns abruptly backward and to the left for a very short distance, then forward to continue with the true rectum. The appendices epiploicae are long, fairly thin, the tips of two of them being adherent across the anterior aspect of the sigmoid. On external inspection, this portion of the sigmoid looks large and knotty. Section along the mesenteric attachment to open the lumen reveals many openings into diverticula which in almost every case extend into epiploic appendages. The normal sacculations are much exaggerated by transverse folds of mucosa. Some of the diverticula extend backward into the mesentery. Frequently the opening into a fairly large diverticulum will be very small, admitting only a very small probe, and hidden by a puckering of the mucosa. There are thirty-nine diverticula in all in this six inches of the sigmoid. In the larger ones the walls are thin, but in the smaller ones thicker. Almost all of these diverticula contain hard, round, fecal masses. At the point of the bend mentioned above the lumen of the intestine is much contracted, and in life would probably have admitted an object no larger than a lead pencil. Three or four of the diverticula lie below this stricture. At the point of the stricture the wall of the intestine is thickened and fibrous. In this case there is no question but that there was a stricture of the gut, and this may have had something to do with the formation of the diverticula above it by producing a stasis of the feces. It must be admitted that, while the specimen does not seem to bear this out, the stricture may have been caused by an inflammatory mischief in the diverticula.

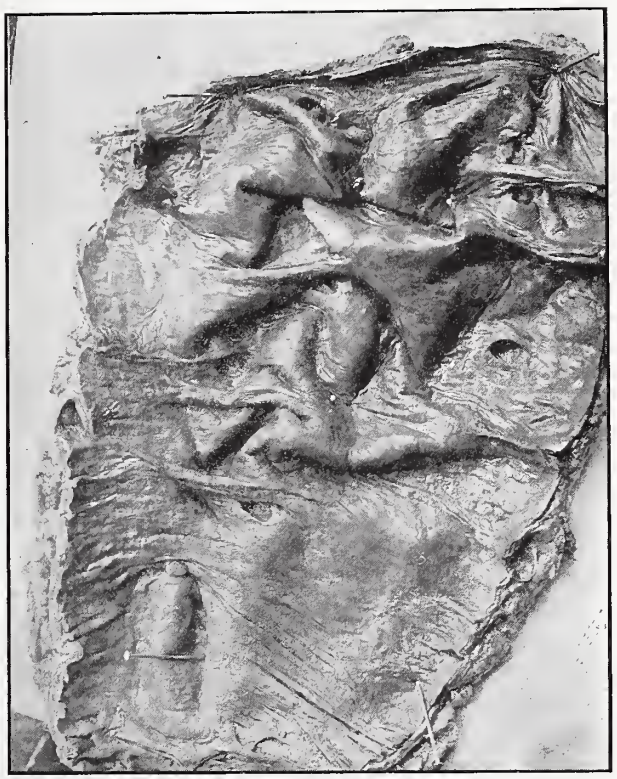

Fig. 4. Case two. Internal surface of the sigmoid. The lumen of the sigmoid is larger and the orifices are larger.

Etiology of Diverticulosis.—It is not my purpose to review all the theories nor to enter into the controversy concerning the causation of this interesting condition; but I shall content myself with pointing out some of the most salient features. This diverticulosis arises in those past middle life, the average age of the cases being about 55 or 60 years, the youngest case recorded being 22 years of age. The causative factors of importance can be summed up in the condition of constipation combined with some weakness of the intestinal wall, particularly in the musculature. That constipation increasing the intra-intestinal pressure is not the only cause is seen in the great numbers of cases presenting obstinate constipation of long standing yet unaccompanied by diverticula; and, again, while women are habitually more constipated than men, yet diverti-

culosis is twice as frequent in men as in women. That it is important, however, is evidenced by the great number of the cases giving a history of constipation and by the majority of the cases arising in the sigmoid which normally acts as a reservoir for the feces and must therefore bear the brunt of any increased accumulation of fecal material. With reference to the weaking of the muscle, a few points remain to be mentioned. Klebs[12] many years ago pointed out that some of these diverticula (in his case of the small intestine) push out at the points where the blood-vessels enter the wall. More recently, Hansemann[8] and Fischer[4] have emphasized this. Graser[5] insists that variation in the size of the blood-vessels, as in passive congestions, must be of importance. It can easily be seen how, with the muscular coat already pushed aside for the entrance or exit of the vessels, the mucosa and the submucosa might herniate through along the course of these vessels, if the internal pressure be increased. Then, too, the fact that many of them enter the fatty masses of the epiploic appendages where less resistance is offered must be remembered. Wilson, in Mayo's[14] cases, found distinct areas of muscular deficiency opposite early diverticula and also in places not yet the seat of them. It must be admitted that these factors do not explain all the cases. Only after much careful observation and accurate records of many cases will the etiology be cleared up.

Subsequent Changes in Diverticula.—Given these cases of diverticulosis, which in themselves give rise to no clinical symptoms, what may we expect?

Transformation into carcinoma as in Hochenegg's[10] case, while possible, must certainly be rare. It is also conceivable that the peritoneal cavity can become infected through these thin-walled sacs, even without definite inflammation or perforation, as Loomis[13] seems to have claimed. Aside from these, the most frequent as well as the most important changes are the inflammations, and it is to these that we apply the term "diverticulitis." Wilson[14] would restrict the term to those inflammations of an acute nature affecting the mucosa of the diverticula alone, and call the other cases where there is a thickening of the tissue about "peridiverticulitis." If one bears in mind the location and the structure of these diverticula, several points will be clear in the production of inflammation. They are constantly filled with fecal material, and as Bland-Sutton[2] and others have shown are liable to have lodged in them foreign bodies. As the peristaltic wave reaches the orifice of a diverticulum, the muscle piled about it will act somewhat as a constrictor, narrowing the mouth, and there being no muscle or practically none over the convexity of the diverticulum, the contents are kept in, or, if any change, more is forced in. This tends to increase the size. Another change is taking place. While the motor power is gone for lack of muscle, enough of the glandular elements are left to serve as absorbers of the fluids, especially the watery parts of the feces. Thus are formed the hard fecal concretions so often found (see Case 4). These are now to all intents foreign bodies, and act as irritants. Further, in the thinning of the mucosa which occurs in the diverticula, much of the lymphadenoid tissue is lost, thus removing an important protection against bacteria and their irritant products. In this way these diverticula are made points of weakened resistance. The great range of bacterial flora in the intestinal contents furnishes abundant opportunity sooner or later for the entrance of various forms of pathogenic bacteria. It is remarkable that these are not oftener the seat of clinical symptoms, and the time may come when we will refer to a diverticulitis certain vague symptoms occurring in the left lower abdominal quadrant of old persons.

Diverticulitis.—The following outline classifying the various forms of diverticulitis may prove helpful:

DIVERTICULITIS.

1. *Acute diverticulitis.*

1. Simple acute:
   (1) Ending in resolution.
   (2) Passing into chronic productive.
2. Acute gangrenous:
   (1) Infection of peritoneum without perforation.
   (2) Perforation and general peritonitis.
   (3) Perforation and local abscess.
   (4) Formation of adhesions and fistula.

2. *Chronic diverticulitis.*

1. Localized thickening and stenosis.
2. Adhesions.

Simple acute diverticulitis for the present must remain a theoretical possibility, since not enough cases have been observed to establish its clinical entity. However, just as the vermiform appendix can be subject to such mild inflammations, it is not unreasonable to suppose that these diverticula can do the same. No doubt many cases recover without further trouble; but repeated attacks or even one attack may be prolonged into the chronic form.

The acute gangrenous form has come under observation. The causation of a peritonitis without perforation has been referred to (Loomis[13]). General peritonitis from perforation of an inflamed diverticulum has been recorded (Brewer[3] and others). This perforation has been traced definitely to straining at stool (Georgi[6]). Such a possibility is easily seen when one remembers the great increase in pressure which must be brought to bear upon the diverticular wall, already weakened by the inflammation or ulceration. Local abscesses are not uncommon in the recorded cases. Here the process was slow enough to permit a walling off, or else it was grafted upon a chronic thickening. It is just these cases where the pain, tenderness and swelling occur in the left iliac fossa that simulates so closely the appendiceal symptoms on the right side and in some of the cases the possibility of a transposition of the appendix was considered. Following such an abscess formation, or even without it, various adhesions may take place. These are similar to those found in the chronic productive form, and will be described there. A subsequent acute attack may lead to fistula.

Chronic Productive Diverticulitis.—The presence of the hard fecal masses or foreign bodies, together with the bacteria of a low grade of virulence, is quite likely to lead to a chronic inflammation with brings about important changes. These are seen typically in the sigmoid, where the terms "sigmoiditis" and "perisigmoiditis" have been applied. In fact more and more is the profession coming to recognize that the acquired diverticula underlie the pathological conditions found in the sigmoid. A proliferation of the submucosa and subserosa of the diverticular wall takes place, extending to the adjacent tissues, causing a great fibrous thickening of the tissues involved. There results a mass of tissue often plainly felt through the abdominal wall. With this, there is likely to be more or less stenosis of

the intestine. Here we have a condition of affairs which so strongly simulates carcinoma that an ante-operative differential diagnosis is impossible. A number of cases have been reported (Moynihan,[15] Mayo[14]) in which even at the operation it was impossible to make any other diagnosis than carcinoma, but where further careful examination especially microscopical of the extirpated material, or else the subsequent history of the case has revealed the true nature of the process. These writers are laying stress upon the probability that many of the so-called cures of malignant disease of the intestines are really cases of chronic diverticulitis. Points to be kept in mind in attempting to differentiate between carcinoma and chronic inflammation are that an advanced age, a comparatively recent constipation, marked cachexia, and blood in the stools favor the diagnosis of cancer; while the constipation in diverticulitis is of long-standing, repeated examinations of the stools usually reveal no blood, there is a less marked cachexia, with perhaps evidence of pus formation. None of these are absolute, and the final definite diagnosis must rest upon an exploratory operation and a careful examination (Telling[17]).

By no means unimportant are the adhesions which may result from such chronic diverticulitis. These may be to the bladder wall, perhaps later leading to a vesico-colic fistula. This has been noted in a number of cases (Sydney Jones,[11] Heine,[9] etc). Again, the adhesions may be to the small intestines with later kinking or obstruction. Telling[17] records three such cases.

Clinical Aspects of Diverticulitis.—One may expect to find the clinical aspects of these cases of the most varied character. It seems that almost any feature which may be presented by the appendix vermiformis may be duplicated in these diverticula, save that the symptoms are localized at other sites, more often in the left lower quadrant of the abdomen. In the acute cases, pain at first more or less generalized over the lower abdomen (provided the sigmoid be the part involved, as it usually is), a rise in temperature, a quick fast pulse, increased leucocyte count, perhaps nausea and vomiting, are the earlier manifestations. Later the pain becomes more localized in the left iliac fossa, tenderness, and a swelling with septic symptoms if pus be forming. At the present state of our knowledge, it is not possible to differentiate between sigmoiditis and diverticulitis, nor, indeed, does this seem necessary. Since so many of the cases of sigmoiditis in the aged are the result of inflammatory changes in the diverticula, this must always be thought of as a possibility.

When the perforation occurs to give rise to a general peritonitis there is an escape of fecal material, and if at the operation a small rounded hard mass of feces be found in the abdominal cavity, it can be suspected that the peritonitis has resulted from the perforation of an inflamed diverticulum. Where one meets with a diffuse pertitonitis in a patient at or past middle age, and the cause is not readily apparent, it is well to bear in mind a perforated diverticulum and to make careful examination of the sigmoid.

The more chronic cases may present more or less intestinal obstruction, reference to this having already been made. Lastly, in the vesico-colic fistula, one must not content himself with a diagnosis of malignant disease. In fact, the greater number of these cases where gas and feces are passed per urethra are due to inflammations and not to carcinoma.

CONCLUSIONS.

First—The terms diverticulosis and diverticulitis should have definite places in medical nomenclature, and should have definite meanings assigned to them.

Second—The possibility of the presence of these conditions should be borne in mind, especially in the aged.

Third—A more careful routine examination of the sigmoid and rectum in autopsies should be made to determine more nearly the relative frequency and the class of cases in which diverticula occur.

Fourth—It is to the surgeons that we must look for careful records of the clinical aspects of diverticulitis, and on them also must we depend for much of the pathological detail.

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IMPERFECTIONS OF THE VITAL STATISTICS LAWS OF TEXAS, AND A POSSIBLE REMEDY.*

BY

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In early days, the protection which the State of Texas exercised over the health of her citizens consisted for the most part in a kind of crude public sentiment which demanded fair play and called for equal weapons. Yellow fever, smallpox and other dread diseases were subject to no control, and stalked abroad in open day except when under the inhibitory influence of the shotgun quarantine. In 1881 the Seventeenth Legislature undertook to protect the State from pestilence, and spread on the statute books the law creating the State Quarantine Department. No more attention was paid to *public health* apparently until 1903, when the Twenty-eighth Legislature changed the name of the Department, created the "Bureau of Vital Statistics," and brought into existence the present "Department of Public Health and Vital Statistics." The wording of this act is as follows:

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That a Bureau of Vital Statistics is hereby created and established within the Quarantine Department, and that the name of said department is hereby changed to the Department of Public Health and Vital Statistics.

SEC. 2. All physicians, surgeons, or accoucheurs who may attend at the birth of a child, or in the absence of such attendance, either parent of the child, shall report the fact to the clerk of the county court, together with the name of the parent or parents, the sex of the child, and the race to which

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the child belongs, and whether of foreign or native parents, whether still-born or alive, within thirty days after said birth occurs, under a penalty of five dollars for each failure to do so; to be collected as other fines for misdemeanors are. All physicians, surgeons, accoucheurs and coroners cognizant of a death shall report the same, together with the race, nativity, sex, age, residence, whether alien or citizen, and the cause of death to the clerk of the county court within thirty days after the occurrence, under a penalty of not less than five dollars nor more than fifty dollars for each failure to do so; these data to be recorded as a part of the vital statistics of the county and State, and the clerk of the county court shall be paid by the county ten cents for each birth or death so recorded, and he shall report monthly all these data to the Department of Public Health and Vital Statistics. In default of so reporting, he shall be fined not less than fifty dollars for each offense.

SEC. 3. The fact that there is no provision for or system of preserving the vital statistics of the State, creates an emergency, and an imperative public necessity that the constitutional rule requiring bills to be read on three several days be suspended, and this act take effect and be enforced from and after its passage, and it is so enacted.

If we divide the subject from a sanitary standpoint into two general heads—first the collecting of data, and second the compilation and publication of the same—we find the law defective in both regards. Suppose we take the second consideration, namely, the publicafion of the data. The law does not indicate in the slightest that any tabulation or publication is contemplated. Apparently, the statistics are to be a kind of permanent archives which are of course practically useless to the sanitarian. As to the other consideration, namely, the collection of the data, the best way to size up the law is to look at the results. The following is a fair sample of statistics as collected:

Year 1905.

Total deaths reported	16,692
Deaths due to tuberculosis	1,699

Year 1906.

Total deaths reported	14,784
Deaths due to tuberculosis	1,513

First half of 1907.

Total deaths reported	7,461
Deaths due to tuberculosis	752

Average annual death rate per thousand of population, 4.44 per cent.

These figures are not absolutely valueless, because they show us that the State-wide mortality of tuberculosis as reported has been for several years hovering about the 10 per cent mark. But by glancing at the annual death rate per thousand, which was quoted above as 4.44 per cent, we are forced to conclude that there is some fundamental defect in the present law, for we all know that our actual annual death rate is in the neighborhood of four times the figure named.

It will not do to say that the returns are incomplete because the physicians over the State realize that the statistics are never to be published, and hence do not take the pains to return their deaths. For, as a matter of fact, the Health Department has compiled and published the statistics for the last eight months, and has repeatedly invoked the co-operation of the doctors over Texas, and still the returns are incomplete. Hence the law of 1903 is found wanting with respect both to the collecting and to the publication or compilation of vital statistics.

In attempting to define accurately the precise weak spot in the law, we can with advantage compare it with a perfect law, if such an one can be found, or at least with a good law. Of course, the local conditions peculiar to Texas would preclude our taking the law of any other State and adopting it *in toto*. But the Committee on Demography of the American Public Health Association have prepared a list of what they consider the major essentials of a proper vital statistics law. These essentials have been decided upon after comparing the results obtained in the different States by the various laws tried, and ought to represent the true needs of the case. I quote the "essentials," together with some explanations made by the committee:

1. *Deaths must be registered immediately after their occurrence.*

2. *Certificates of death should be required.*

3. *Burial or removal permits are essential to the enforcement of the law.*—No dead body should be removed from the place of death, interred, cremated, or otherwise disposed of, unless such action is authorized by a burial or removal permit, based upon a satisfactory certificate of death, and signed by the local registrar. The requirement that a certificate shall be required for each death can not be enforced in practice except by the additional provision that no body shall be removed or interred without a permit issued by the local registrar after receiving and approving of the death certificate. The burial permit is the *sine qua non* of registration. It implies that the death has been accounted for according to law, and it fastens the record to the time and place of the event. A registration law without a burial or removal permit provision is scarcely better than no law.

4. *Efficient local registrars are necessary.*—There should be an efficient local registrar in each city, village or precinct, whose duty it should be to receive and approve certificates of death and to issue burial or removal permits for all deaths that occur in his jurisdiction. He should be properly compensated, and should be required to enforce the law in his own district under penalty for neglect. He should also be required to make returns to the central registration office and the time and manner of making such returns should be expressly designated by law. Local registrars should be selected solely with reference to their special fitness for the work, and a competent and efficient registrar should remain undisturbed in his position as long as possible. Inefficient or negligent registrars should be subject to removal by the central registration authority. It is highly desirable that local registrars take an active interest in their work, to insure that their records are full, complete, and readily available for consultation. They may also greatly advance the purpose of registration in their communities by proper explanation.

5. *The responsibility for reporting deaths to the local registrar should be fixed.*—The best results are obtained when this duty is imposed upon the undertaker or other person having in charge the interment, removal, or other disposition of the body.

6. *The central registration office should have full control of the local machinery, and its rules should have the effect of law.*

7. *Transmission and preservation of records should be provided for.*

8. *Penalties should be provided.*

When we weigh our law against this standard, we find it wanting in several respects. It is not my purpose to go into detail. There are some minor considerations which I will not discuss, such, for instance, as the form of death and birth certificate to be used, the method of filing and preserving these records, and the machinery of the central office—whether it be the State Health Officer, the State Registrar, or the State Board of Health. Hence, I shall confine myself to two recommendations: First, that we have efficient local registrars in each town, city or voting precinct, subject to the central health authority; and, second, that we employ the compulsory burial permit system.

Under the present system, the physician returns the death certificate to the county clerk, and the latter for-

wards a report to the central office once each month. Under the system as described above, the State health authorities would appoint a local registrar for each district. When a death occurred in a given district, before the body could be moved, or interred, it would be necessary for the undertaker to get a burial permit from the local registrar. And before the local registrar would grant a burial permit he would require that the death certificate, complete in all details, be filed with him. In this way the burden falls practically on the undertaker, who would be forced to gather the information from the family, and then get the doctor to give the cause of death and authenticate same with his signature. After thus collecting the statistics the local registrar would forward them once each month to the central office.

As regards the local registrars—this is a very important clause. We have found from experience that the county clerk can not keep tab on the deaths occurring in his entire county. It is too much territory for one man to cover; he has other duties and oftentimes other desires. Dr. Wilbur of the United States Census Bureau says:

"The county system of collecting statistics of deaths, whether employed in Iowa, Michigan, Ohio, Indiana, Pennsylvania, Illinois, or in any of the numerous other States that have made use of it or employ it today, has been and is an utter absolute failure, and any system that employs it can be known from the start, before even the law goes into effect, to be worthless in results. There is not a single exception to this rule in the history of registration in the United States. Any law that undertakes to collect statistics of births and deaths through county officials is a foredoomed failure from the start."

We have found it so in Texas. On the other hand, local registrars are in close touch with their respective districts, are convenient for the undertaker and physician, and if subject to the authority of the State authority can be relied upon to execute the law.

Compulsory burial permits are essential, for they guarantee promptness, and promptness secures accuracy. If a number of days elapse after the death before the death certificate is filed, the data are more difficult to obtain, and less valuable after we obtain them. The courts place more valuation upon records submitted as evidence, if the records were made at the time. Statistics are worth more from a sanitary standpoint when reported promptly. Also, if procrastination is allowed, it is so easy to forget to file a certificate. As a matter of fact, all the States that are successful today in collecting vital statistics require burial permits.

It might be urged as an objection that those States which do require the filing of the death certificate before the granting of the burial permit are thickly settled, and that such a law might work a hardship on our sparsely settled communities. But special provision could be made for thinly populated areas, and there are two States now making this requirement that are much less thickly settled than Texas, California and Colorado.

From the physician's standpoint, it will be distinctly advantageous to have local registrars and the permit system, because this throws the burden of collecting statistics on the undertaker, while the physician must only inscribe his signature and the cause of death on the certificate. No doctor enjoys filling out a death certificate. Even though it be a death from violence, and though the physician may have not arrived in time to see the individual alive, yet, the doctor is humiliated by his helplessness in the face of death. As one physician stated to me, "This business of making the surviving members of the family give you the answers for the death certificate between sobs is not pleasant." With the undertaker, things are obviously different. He has had no dealings with the deceased, and does not arouse painful recollections; his business relations are not with the nearest of kin, but with some one capable of attending to business, and yet some one who is usually in possession of the few facts needed for the death certificate. Hence, it is not a hardship, but is simply changing a duty from an unpleasant environment to one less so.

In justification of the law of 1903, let it be said that this law has at least shown a large number of citizens the importance of vital statistics, and no doubt when a better law is passed it will be acceded to with more promptness on account of our having had the present law.

A RESUME OF WORK DONE BY THE STATE HEALTH DEPARTMENT.*

BY

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In the following paper I am pleased to submit some more or less interesting facts dealing with the scope of work accomplished by the Department of Health and Vital Statistics of Texas during the last twelve months.

The recital is not set forth in any mood of egotism or "holier than thou" spirit. I realize, probably more fully than any of my hearers, that I have fallen far short of my own ideals and have only been enabled to accomplish a very small atom, indeed, in comparison with what is really needed. I present this in a spirit of fraternal brotherhood, with an eye single to my whole duty and with an earnest desire for helpful criticism from my brother physicians.

Hygiene.—The administration of public hygiene is often called preventive medicine. The idea of prevention, the warding off of disease, is the highest aim of sanitary science. At the time of the meeting of the State Text-Book Board, I called their attention to the fact that the State Health Department was at present making a desperate effort to teach mothers and fathers what they should have learned during childhood. I am pleased to relate that my appeal to them to investigate thoroughly the physiologies as presented for use in our public schools, with special reference to the amount of and quality of hygiene taught in the same, met with an attentive ear and in consequence all children in the public schools in our State, beginning with the fall term will be taught some ten to thirty pages more of hygiene than formerly, and the same will have some up-to-date ideas expressed, and with special reference to conditions in Texas. All physiologies submitted were deficient along this line, and the Board's acceptance was conditional on their having additional chapters on hygiene and sanitation, and to me was delegated the responsibility of outlining the subject to be covered, and of reviewing the manuscript before publication.

Sanitation.—It has been a slow and often discourag-

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*Chairman's Address before the Section on State Medicine and Public Hygiene, State Medical Association, Corpus Christi, May 13, 1908.

ing undertaking to overcome the long-established habits of conservative people. While there have been progressive individuals in every community, yet communities, as a whole, have seemed to be satisfied with existing sanitary conditions, and in very many towns to have a fixed credulity as to the possibility of improvement of them. Those interested often have their efforts to make existing conditions more sanitary resented by the citizens concerned, or ignored with silent contempt. Applied sanitary science had ten years ago made but little progress in this country. Health officers were not chosen with reference to practical expert knowledge, and in a majority of instances the legally constituted town board of health never acted as such from one year's end to another. There was no concert of action among the towns, no guiding influence whatever to direct them to the accomplishment of any common purpose; no provision existed for organizing sanitary undertakings or any systematic methods relating to the State as a whole. No step in sanitary legislation has been followed by more practical good results than that which placed the responsibility upon the doctors. This responsibility came at the instance of the intelligent and far-seeing members of the medical profession. Our vital statistics law was another instance of the progressive spirit of our profession, for this is the very foundation of our sanitary work. Locate the causes of disease, arouse public sentiment, and an active, earnest and aggressive health officer can do the balance.

Sanitation of Public Buildings.—My first work was an effort to so revise the rules and regulations governing the sanitation of public buildings, railway coaches and sleeping cars so as to place the former under the ban in order that we might be more exacting in our control of their hygienic condition, as had been previously done with the latter by my most efficient predecessor, met with more encouragement than I had anticipated. The sanitation of our jails has always been notoriously bad, and the superintendents of insane asylums and penitentiaries repeatedly complained of the condition of persons coming to their institutions from such places. Our efforts have met with encouragement, and in every instance there has resulted improved conditions in such buildings. We have reason to believe that another six months will demonstrate the value of such a law. The sanitation of school buildings met with hearty approval on the part of teachers and trustees almost without exception, and the educational feature for the "young idea" has been excellent. The opposition from some sources has not been material, and while the rules are not carried out to the letter of the law, yet its value is inestimable.

Uniform Municipal Sanitary Code.—Owing to the rapid growth of all Texas cities and towns, many of them are finding it necessary to revise their ordinances controlling sanitation. Other cities have added new clauses to their sanitary code from time to time as expediency dictated, until now they frequently find in their ordinances conflicting paragraphs, rendering it extremely difficult to enforce the law. In view of the fact that the conditions in all these cities are very similar, it seems reasonable that a uniform sanitary code might prove useful. In consequence, I undertook to compile a model sanitary code and titled it "A Proposed Uniform Municipal Sanitary Code for Texas Cities and Towns," which was printed and largely distributed. The effort was made to formulate a set of rules and regulations that would be applicable to any city, and which would be practical and in accordance with the best sanitary thought of modern times. The majority of these ordinances were already in vogue in one or the other of our Texas cities, and many of them have stood the tests of our courts.

Sanitary Code for Unincorporated Towns.—A digest of the above has been prepared with a view of providing a practical sanitary code adjusted to common sense views for the use of unincorporated towns of 500 population and over, which may be incorporated for sanitary purposes under a law which many have forgotten. This law provides for the appointment, by the county commissioners court, of a board of health, to be composed of three members, two of whom must be physicians. This board will then appoint a city physician, and will depend upon the fee system for the support of the work. It is intended mainly to arouse those towns in the mosquito belt not having organized sanitary forces to a sense of their responsibility and the necessity of their having a physician who will take the initiative in all sanitary matters and assist in awakening a healthy sentiment among his people touching this most vital question. There are 146 such towns in what we term our mosquito district, and an effort is at present being made to get them to take advantage of this law.

State Sanitary Code.—In addition to the above, I have recently published and distributed a sanitary code, which contains all State laws as relates to matters pertaining to sanitation, quarantine, vital statistics and pure food, and all rules and regulations issued from time to time by my department. This will, I hope, be found to be both interesting and instructive for all city and county health officers as well as others interested in the promotion of the public health service. My effort to make each local health officer a sanitary supervisor for his city or county has met with favor at their hands, although it increases his duties and responsibilities without increasing his income. We have reason to believe, however, that this will not continue so always, for the public must soon appreciate our efforts and more authority and better recompense be the result. The Governor's recent proclamation places more responsibility than ever before on county and city, in the prevention and control of communicable diseases, and their health officers' duties in consequence are varied and exercises considerable power, and should be the means of exerting an immense influence in the community in the institution of sanitary reforms.

Organization of County and City Health Officers.—One of my first efforts on being inducted into office was to get in touch with all city and county health officers, and induce county judges and city councils in the State to appoint county and city physicians. We have 228 organized counties and 268 incorporated cities and towns, and after considerable correspondence I now have 215 county, 148 city physicians, and 88 members of Boards of Health throughout the State, although there were less than half that number in the beginning. To organize this army was my next effort, and while many found their duties a little new to them, I think all are working harmoniously at this time. When we hold our next annual conference of State Health Officers, I anticipate a large attendance and an interesting program.

Inspection of State Institutions.—The State has a certain moral obligation to perform in connection with the administration of public institutions, more particularly in the asylums, charitable and penal institutions.

She must certainly see that the lives of the inmates of the institutions are safeguarded in every possible way by placing them in the best hygienic surroundings. The State can not expose her own wards to sanitary conditions that would not be tolerated by her own citizens. Accordingly, a number of the institutions, including convict camps, have been visited with a view of inquiring into sanitary conditions. The fact that eighty-seven cases of trachoma in its many phases, from incipient cases to pannus, and even blindness in nearly a dozen of the unfortunates, was revealed, shows the wisdom of the inspection.

Inspection of Public Schools.—Fearing this same disease had fastened itself on the children of the public schools, I sent a number of vision charts to the superintendents of public schools of some of our larger cities, with instructions for the guidance of the teachers in ascertaining those children who seemed defective in vision; this was afterwards followed by a medical inspector's visit, usually members of the local profession who were good enough to do this work gratuitously. It was discovered that there were a large number of children afflicted with trachoma, and a much larger percentage with errors in refraction, and nose and throat troubles. The school boards were asked to bar these children, suffering with trachoma, from school to prevent further contagion, and the parents of those otherwise afflicted were notified of their condition so that they might be sent to a specialist for proper treatment. Due to lack of proper clerical force, I have been unable to gather and compile this valuable information after having had some 50,000 children examined.

"Clean-up Day."—March 10th was designated as clean-up day by the good women of San Antonio and taken up by me and an appeal made to women's clubs, city authorities, health officers, etc., throughout the State in an effort to stimulate interest in our sanitary crusade. It was a successful move, many cities and towns on that day, or soon thereafter, had a good house cleaning—later the Womens' Federated Clubs have undertaken with good success to make that day a national clean-up day.

Disposition and Transportation of the Dead.—There seemed to be a growing need for the rules on disposition and transportation of the dead, which I recently had printed and put into circulation, as I realized that a large number of the cemeteries in the State were laid out without much regard for geographical position or geological formation, and in consequence shallow graves were polluting nearby streams, shallow wells and other water supplies of the State. Again, some undertakers take contracts to bury the county paupers at such ridiculously low figures that, to save time and trouble, they feel justified in scratching a hole a few inches from the surface of the ground and depositing therein the pauper dead. Our work as sanitarians is not complete until the undertaker so thoroughly embalms the body dead of contagious disease as to render inert every micro-organism.

Water Supply.—I am convinced that the importance of looking after matters relating to public water supplies is becoming more and more evident. A healthy public sentiment exists in favor of pure water and purer streams, and I believe the time has arrived for stringent measures on the part of the State in protecting its waters. Municipalities and private corporations can not be trusted to protect them from pollution without some coercion. While there has never been any attempt to undertake this work, or any appropriation for it, we can readily see there is the greatest possible need for examination and sanitary analyses of the various water supplies throughout the State. I have desired to take up this work; in fact, have made some investigations and have attempted in one instance to awaken all parties concerned to the necessity for immediate action to prevent the coming hot weather from precipitating another epidemic of typhoid. I will probably prosecute the work with effective results during the current year. The analyses of this class is highly important as tending to stimulate those having charge of the supplies to make improvements, and to keep track of the increasing sewage pollution of our streams. Once cognizant of the situation, and the remedy not applied, shows want of appreciation of the value of human life and health.

Typhoid Fever.—Typhoid fever, one of our most easily preventable diseases, is frequently a water-borne disease, and, practically speaking, it is the only disease which seriously affects public health which is distributed in this way. In my opinion, the large number of typhoid fever cases reported every month is attributable in a large measure to polluted water. The evidences of pollution of the State water supplies is gradually being revealed by the data being now colleeted by our vital statistics bureau, which shows a high death rate from typhoid and diarrhea—from three to six times a reasonable amount. A conspicuous example of the inadequacy of our present health laws recently existed in the form of an epidemie of typhoid in a town of 600 inhabitants on the watershed of one of our most prosperous cities of some 10,000 population. In this larger town some 100 or more eases of the disease occurred and, although an effort was made, I have signally failed so far in preventing further pollution of the water supply. This pollution has been allowed to continue unchecked, due to two facts: want of accurate vital statistics (in other words, ignorance of the true conditions), and the lack of adequate laws or statutory authority to prevent it.

Yellow Fever.—Since the assurance of mosquito transveyance of yellow fever, the sanitarians in Mexico and Central America have done some excellent work in the control and prevention of this disease. At the present time yellow fever is practically exterminated in Mexico, and only two or three points in Cuba and Central America are looked upon with suspicion. Nowhere in any of these republics was the disease found in epidemic form in the past twelve months. This fact encouraged quite an influx of non-immunes to these Spanish-American countries, and I believe that it will require another summer to demonstrate the ability of the Mexican authorities to control this disease. In the meanwhile, we must regard them with some apprehension. However, in justice to the most excellent work done and the absence of anything suspicious at this time in Mexico, our quarantine at the present time is modified against the coast, and practically abolished as relates to the mountainous portion of the republic.

Smallpox.—The prevalence of smallpox in the State has eaused considerable anxiety, and has prevented, together with the lack of funds, the taking up of certain branches of work in other directions which are of prime importance. The chief eause of the spread of the disease was its appearance in such attenuated form that many physicians failed to recognize it and so take steps to isolate, the patient and individuals became inured to its presence because of its mildness. Another reason was the usual clash of authority, the counties, with few

exception, refusing to bear the expense attendant upon the situation, which procedure always tied the hands of the health officer and left him without means of combating the disease according to his best judgment. The majority of the health officers are intelligent men, and are for the most part well-equipped for their work, but just so long as ignorant county commissioners desire his services for a mere pittance, and then upon the first occasion relieve him of just such a situation as his training and experience have equipped him to handle, then just so long will the doctors be hindered in their endeavors to carry out the principles of preventing the spread of disease.

An understanding has been reached with the health authorities in Louisiana, Oklahoma and Arkansas, and an organized effort is now being made to eradicate the disease from these States. With the assistance of the State Medical Association we can, no doubt, show the next Legislature the wisdom of making compulsory vaccination one of the requirements for entrance to the public schools. The county health officers are now making their monthly reports more promptly, and these reports reveal the presence of smallpox to an alarming extent in our State. During the months of December, January and February 1511 cases of smallpox were reported, and the infection was more or less severe in seventy-seven counties.

Vital Statistics.—The method of arranging numerically the great events in a human life is called vital statistics. The value of vital statistics depends upon accuracy and completeness; these in turn depend so much upon the co-operation of almost every member of the community for the needed information that the satisfactory gathering of vital statistics is often difficult and almost impossible. While my work along this line seemed at its inception to be hedged about with seemingly insurmountable difficulties, I am pleased to report satisfactory progress. As every one knows, the measure was passed without one dollar for its maintenance, and in consequence no effort made to compile reports of clerks sent in. Very soon after assuming the duties of State Health Officer, I applied to the county medical societies to contribute one dollar each per month to assist me in the work of gathering statistics. Very many generously responded, and they will be glad to know that they were not only instrumental in launching this great work, but have also enabled an ambitious young medical student to finish his course at Galveston, he having done all the clerical work in connection with the monthly reports. I feel somewhat constrained to report that the older members of our profession were the ones most reluctant in many instances to respond, and the oldest and best organized counties are at present making the poorest showing. It has been rather uphill work to awaken a general interest in a law long lying inoperative. We all know that laws not enforced from the start are slow to be enforced later in years, but the reports are encouraging, as is indicated from each successive Bulletin. There were only 801 deaths reported in October, the first issue of the Bulletin; February shows 1850 deaths and 5052 births. This represents 40 per cent of a true death rate, estimated on a basis of 3,500,000 population and at a rate of sixteen deaths per thousand per annum. A like increase in March reports is indicated from the appearance of those already in sight, and in another few months I will be able to give you some interesting figures.

Monthly Bulletin.—I have been able to keep the work before the public in the issuance of a monthly bulletin, in which is published the vital statistics of the previous month, together with other matters of interest pertaining to public health. This is mailed to all health officers, boards of health, members of the Legislature and others interested in the work. Its contents also gain a wider reading through the daily press to which it is freely distributed and which quote from it very liberally. As time advances and the facilities for assembling useful facts are enlarged and the clerical force added to, we expect to see our monthly bulletin eagerly sought by the profession.

Pamphlets.—I have taken advantage of the extreme liberality extended me by the State Printing Board and have published many circulars designed to aid the health officer and others in their work; among these is a circular giving instructions for the prevention and restriction of the recognized preventable diseases, which are liberally distributed whenever I am notified of their need. Again, I have had all the necessary blanks (over 200,000) for reports of births and deaths by physicians and monthly report blanks for county clerks and county health officers, printed at State expense, not only because of the necessity of their being uniform in character, but because this work is for the benefit of the State at large, and the expense should not fall on the physician reporting.

Rules for Quarantine, Isolation and Disinfection.—I adopted, for the purpose of having uniform methods of prevention and control, certain regulations in the management of communicable diseases and contacts. An effort was made to have these as practicable as possible. To make them applicable to both a densely populated city and a sparsely settled community is frequently no easy matter, and I found this no exception to the rule. These regulations are to be observed by all boards of health, health officers, physicians, school trustees and others, and, having been duly adopted and published since the Governor's recent proclamation, have the full force and effect of law. They are of importance to the profession in that they enumerate the diseases to be reported by them to city and county health officers, and to school trustees, in that all children are to be barred from school when found suffering with certain communicable diseases. This is not optional with authorities, but mandatory.

Pure Food.—As you all well know, we have had a reasonably fair pure food law on our statutes for a number of years, and it was supposed to be administered under the auspices of the State Health Department. However, not one dollar was appropriated for its maintenance. When public sentiment at last awoke to the necessity for making such a law operative, the Legislature saw fit, not only to remove this from my department and to a remote point from the seat of government, but created a new bureau and only gave a paltry $5000 for its two years' operation. The Commissioner is a most thoroughly competent and resourceful official, and is doing very valuable work, and if he only had sufficient budget allowance would soon rid our State of adulterated food and drugs. We have been closely associated and our work is frequently of mutual concern. Both departments being short in funds, we have endeavored to co-operate to the best of our ability. It has been my aim to make as near as possible city and county health officers auxiliary working forces of the Dairy and Pure Food Commissioner, and the model sanitary code makes provision for such.

Tuberculosis in Cows.—Together with State Veterinarian Langley and Chairman Wilson, of the State Live Stock Sanitary Board, we visited several dairies with a view of ascertaining what per cent of cows, in the dairy herds of the State, were infected with tuberculosis. The transmissibility of tuberculosis from animal to man is pretty well conceded by the majority of our scientific men. It is undoubtedly true that milk taken from a cow with advanced tuberculosis may contain the germ of the disease, and almost invariably does the feces contain the bacilli in myriads. These feces frequently find their way into the milk during the process of milking. Should such milk be consumed by the human being there is great likelihood of contracting the disease from this source. Commercially speaking, the eradication of tuberculosis from the cattle of the State would be a great boon to this particular line of industry. Legislation to the effect that all dairy herds in the State should be given the tuberculin test, should be enacted, this would help to insure a better and purer quality of milk and would undoubtedly greatly reduce the infant mortality of the State. With the assistance of the State Medical Association our Legislature will, no doubt, give our Live Stock Sanitary Commission sufficient appropriation to continue this good work.

Dairy herds were inspected and subjected to the test in Fort Worth, San Antonio, Austin, Houston, Galveston, Terrell and El Paso. Fifteen hundred head were tested, but this is another story for another man to relate.

The Barring of the Tuberculous From Our State.—My assertion a few months ago that the barring of the hopeless cases and the tuberculous in indigent circumstances from our State, and I still so maintain, is the first step towards fixing the responsibility on the community where the tuberculosis originates. By localizing the responsibility, we can get stronger efforts towards controlling and preventing the spread of this disease just as we do at present with other more acutely contagious diseases. This statement brought down a storm of criticism from some sources, yet when my position was fully understood it met with favor at the hands of many of our most eminent sanitarians. It precipitated a discussion in our State, and if no other benefit is derived from it, its educational feature has been invaluable, in that our people have been aroused to the necessity of some action being taken to control this disease.

Tuberculosis.—The reports relating to the special efforts for the restriction of tuberculosis reveal a general recognition of the importance of such efforts, but do not indicate any united activity. No doubt, much is being accomplished in a quiet but effective way by the personal instructions given by practitioners generally to their patients and nurses as to the proper precautions to observe with consumptives. In some towns ordinances prohibit spitting upon floors and platforms of street cars, and in most cases have extended the mandate to include public buildings and sidewalks. As the dried spittle of consumptive patients is believed to be the principal medium of communication, the reformation in the practice of spitting, which will be effected by such sanitary regulations, will unquestionably reduce the number of victims. There are a goodly number of consumptives in this State who, under favorable conditions, could be restored to health. The conditions necessary to so happy a result, however, are not available to them as individuals. The plea is especially made for the poor, who, because of their povetry, will of necessity continue to live in overcrowded habitations and in environment most unfavorable to their recovery.

A State Sanatorium.—The plea for santoria is not made solely in the interest of the victims of the disease, but more largely in the interests of the general public. Unfortunately the majority of tuberculous patients are poor, and by reason of their circumstances unavoidably and inevitably become a source of infection to others. Every State, therefore, owes it to its subjects, as a measure of great public concern, to diminish as much as possible the breeding places of this most deadly of all human maladies. Sanatoria have demonstrated their usefulness very positively in three distinct ways: *First,* they have proven beyond question the curability of the disease; *second,* for every patient treated in them one source of danger has been removed from the community in which he lived; *third,* they are object lessons and practical schools of public instruction, the teachers being in large part the recovered patients who go back to their friends, living illustrations of the fallacy of the old belief that consumption is incurable; but better still they are well instructed by personal observation and practical experiences in the precautions and conduct they must observe both for their own safety and that of others. Dr. Flick, of Philadelphia, in a very full review of the "Special Hospital for the Treatment of Tuberculosis" existing in Europe and in this country, writes that in England the deaths from tuberculosis have diminished 50 per cent in the forty years from 1849 to 1888, inclusive, and attributes the result very largely to the good influences of the hospitals devoted to the treatment of the disease. It is at the present time occupying more public attention and exciting a greater interest in the public mind than any other single sanitary topic. The simplicity of the mode of its communication and the efficacy of avoiding the danger of taking it gives encouragement to the belief that it can be almost or quite exterminated. The State ought not to be backward in affording all reasonable aid it can render. A bill was introduced by Representative Grinstead in the Thirtieth Legislature providing for a State sanatorium for tuberculous patients, and carrying a large appropriation for its maintenance; it passed the House with hardly a dissenting voice, but when it reached the Senate it failed of passage, and the only objection raised was that such an institution, if erected, would soon be overflowing with indigent immigrants from other States. Let us hope that the next Legislature will pass such a measure. To spend the public money for this purpose is not charity; it is simply preventive medicine of the most intelligent and most efficacious kind; it is true economy as has been demonstrated by several of our Northern and Eastern States, and the time has come when there is no longer any excuse for a State of this size, wealth and enlightenment continuing without a hospital for tuberculosis. Under our present regime there is not a place open in which the large number, in the last stages of the disease, are allowed to spend their last days, excepting the poorhouses, where they flock, only to carry their infection to other unfortunates. Surely, no argument is necessary to show that if the State provides poorhouses for the paupers, asylums for the insane, penitentiaries for the criminals, it is in duty bound to exercise ordinary care in protecting the inmates under its charge rather than force upon them a danger of infection that can not be escaped. Stamping out tuberculosis is the great

work of the twentieth century. That Legislature which takes steps to remedy this evil, and provides a hospital in this State for tuberculous patients, will confer a blessing upon humanity, and will be gratefully remembered by posterity even after the name of other public benefactors have faded from the memory of man.

APPENDICOSTOMY.*

BY

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Appendicostomy consists in the establishment of a fistula through the appendix into the cecum, the chief object being to afford a means for the introduction of fluids into the large bowel. This operation, first done in 1902, is a development of a scheme for treating intractable forms of colitis by colostomy, with the establishment of an artificial anus as first announced by Mayo Robson, in 1893, and later employed with success by Hance White, of London; Bolton, of New York, and others. The colostomy operation was done on the theory that the lesions in certain cases of colitis could not be cured unless the colon could be freed from the irritating effect of the feces, the artificial anus being provided to accomplish this end. The operation, however, because of the disgusting features associated with an artificial anus, and because of the difficulty of performance and the danger to life, did not become popular, notwithstanding the fact that the cases treated by this method recovered. Fortunately, it soon became apparent that the fluids used to irrigate the colon, and not the rest afforded by the absence of the bowel contents, brought about the cures. Gibson[1] then made a decided step in advance by attaching the cecum to the abdominal wall and establishing a valve-fistula by inverting a finger-like portion of its wall, after the method employed in the Kader gastrostomy. This Kader-Gibson valvular cecostomy at once became popular. Indeed, it was while preparing to do this operation for the cure of a case of mucous colitis, in August, 1902, that it occurred to the operator, Dr. Robert F. Weir,[2] of New York, to utilize the appendix for establishing the desired communication with the large bowel. Dr. Weir attached the appendix to the skin, closed the rest of the wound, opened the tip, passed in a small catheter to determine the question of patency, then closed the opening by a ligature for two days. He then began irrigation treatment. The result was excellent. Since then Dr. Weir[3] has advised that the appendix be not opened at the time of the original operation, his belief being that the experienced surgeon should be able to determine with reasonable certainty the question of patency by rolling the appendix between the fingers.

Dr. James P. Tuttle,[4] of New York, who has had much experience with this operation, strips the mesentery from the appendix down to its junction with the cecum. The cecum is then attached to the parietal peritoneum at the lower angle of the wound by sutures on either side and above the appendix. The abdominal wound is now closed, and the appendix fastened to the lower angle of the skin wound by a suture on either side. In two days the tip of the organ is cut off, the lumen dilated, and a catheter introduced and tied in place. He begins irrigation on the third or fourth day.

Dr. Willy Meyer,[5] of New York, emphasizes the importance of placing the appendix entirely outside the peritoneal cavity by fixing the cecum to the parietal peritoneum. He considers it absolutely essential to open the appendix immediately after the abdominal wound is closed, for only in this way, he believes, can the question of its permeability be determined. In twenty-four hours after the operation he begins irrigation treatment.

Dr. S. G. Gant,[6] of New York, also advises that appendix be opened at the time of the operation. In some cases he strips down the mesentery, but does not consider this essential.

C. B. Keetley,[7] of London, draws the base of the appendix up to the parietal peritoneum and anchors the meso-appendix to this with catgut sutures. He then closes the abdominal wound and fixes the muscular and serous coats of the appendix to the skin by two silkworm gut sutures. He does not advise opening the appendix until the second or third day except in urgent cases.

The following indications for the operation have been demonstrated to date:

1. Amebic Dysentery.—The operation has found its greatest field of usefulness in the treatment of this disease. More than fifty cases are reported, with six deaths, not one of which could be charged to the operation. Practically all the remaining cases have apparently been cured promptly and permanently. The fluids suggested for irrigation are plain water at low temperature, weak silver nitrate solution, potassium permanganate, ichthyol, boric acid and many others. The cold water irrigations seem to give the best results.

2. Mucous Colitis.—Practically all the many cases are reported as cured. Again, many solutions are recommended. Weak solutions of silver nitrate, however, seem to give the best results when well borne.

3. Syphilitic and Tuberculous Ulcerations of the Colon.—About a dozen cases have been reported, some of them being cured, and the rest greatly improved. Ichthyol and solutions of silver nitrate are the remedies in most common use.

4. Chronic Constipation.—Cases reported as relieved of all distressing symptoms, and general health greatly improved, by Keetley,[8] of London; Thane,[9] of Yass, New South Wales, and others.

5. To fix and drain an ilio-cecal intussusception, case reported by Keetley,[8] of London.

6. As a Precaution Against Gaseous Distension in Resection of Ilium.—Case reported by C. B. Maunsell,[10] of Dublin.

7. To Anchor the Cecum in Case of Volvulus.—Reported by Maunsell,[10] of Dublin.

8. Multiple Papillomata.—Three cases reported. Reported by Willy Meyer,[11] of New York, and others.

9. Cancer of Transverse Colon.—One case; distressing symptoms relieved.

10. As a method of applying local treatment in complicated enteric fever, as suggested by Dr. W. Ewert.[12]

11. As an improvement upon rectal feeding, as suggested by Ewert.

12. As a substitute for gastrostomy and jejunostomy in cases of emaciated and weak patients, as suggested by Sir William Bennett,[13] of London.

My personal experience with the operation has been limited to two cases.

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 13, 1908.

Case 1.—G. —, age 35, railroad employe. Patient contracted amebic dysentery in Mexico in fall of 1906; admitted to hospital in San Antonio, after having been previously treated for three or four months with occasional temporary relief. Remained at hospital three months under best medical treatment. A diagnosis of amebic dysentery confirmed by microscope, as well as by clear clinical history. After three months in the hospital, his weight was found to be reduced from 145 pounds to 110 pounds. He was having from ten to twenty mucous and bloody stools per day. He suffered much distress from symptoms of intestinal indigestion, insomnia and great mental depression. He was bed-ridden, emaciated, and blanched from long continued loss of blood. His case seemed hopeless. As a last resort he agreed to submit to an appendicostomy, which I accordingly did on June 15, 1907. I opened the abdomen through a small gridiron or intermuscular incision, sutured the base of the appendix to the parietal peritoneum in the upper angle of the wound, directed the appendix downward through the abdominal wound and anchored it with two fine linen sutures to lower angle of skin wound. The abdomen was then closed by the layer method, and sealed with collodion. On the following day the appendix was opened and irrigation commenced through a No. 12 French soft rubber catheter. The first flushing was done with water at 90 degrees F. He received two irrigations per day and the temperature of the water was lowered until within five or six days we were using water at 36 degrees and 38 degrees F. The result in this case was amazing. Within forty-eight hours the blood had disappeared from the stools; within four days the mucus had disappeared and the passages were less frequent and began to be formed and take on a normal color. Within two weeks the amebae had entirely disappeared and the patient was beginning to enjoy his meals and to sleep, was free from all symptoms of indigestion, and was gaining in strength and apparently in weight as well. On the twelfth day he was out of bed, and in three weeks, out of the hospital. He celebrated his rapid and unexpected recovery by going on a high-lonesome drunk at the end of six weeks, and I then lost sight of him for about a month. He finally presented himself with his fistula almost closed. The opening, however, was readily re-established by use of a probe and a bougie. Within twelve weeks after the operation he had resumed his usual occupation of railroad brakeman, apparently in perfect health, with his strength and most of his weight regained. There is no leakage from the fistula, and the opening can be closed at any time by use of the Paquelin cautery or by being touched with nitric acid. The patient has not been heard from since resuming work at the end of the twelfth week, apparently in perfect health. On account of the man's bad habits and his reputation for being a drunkard, I am somewhat concerned as to his final recovery.

Case 2.—Case of Dr. J. Braunnagel, of San Antonio, Texas, which I have had an opportunity to study through the courtesy of Dr. Braunnagel. H. S., age 25, machinist. Family history negative. Contracted amebic dysentery in Panama in summer of 1906. Returned to San Antonio in 1906, and was apparently cured by colon flushing with carbolate of soda and internal medication. In October, 1906, he went to the Isthmus of Tehuantepec where he soon suffered a relapse, and again returned home and was admitted to the hospital. Former treatment failing, Dr. Braunnagel, on February 13, 1907, did an appendicostomy by the following method: The appendix was drawn up into the wound, and the meso-appendix stripped down for one and one-fourth inches from the tip, the serous coat stripped down from this portion and sutured to the parietal peritoneum. The muscularis was then sutured to the fascia in the upper angle of the wound. The abdominal wound was closed in the usual way, and the skin approximated with Michel's clamps. In twenty-four hours irrigation treatment was commenced. Plain water was used at 85 degrees F., the temperature of which was gradually lowered later to 38 degrees F. The symptoms readily subsided after a few flushings, and the patient was soon restored to his normal health and strength. There has been no return of the symptoms and the patient is now apparently in perfect health, fourteen months after the operation. There is no leakage and the fistula could be closed except for the fact that the patient objects to having it closed.

Appendicostomy is as easily performed and is as free from danger as is an interval appendectomy. Without the danger and other disadvantages of a cecostomy, it offers us a means by which the upper portion of the lower bowel can be reached directly and without causing the patient pain or discomfort. Solutions containing antiseptics injected through the appendix reach the colon unaltered and, therefore, usually give prompt results. The operation has the endorsement of most of the leading surgeons of this country and Europe, and without doubt deserves the good word it receives from those who have had occasion to resort to it. Properly done, it causes the patient no inconvenience, and as a rule gives him such control over the disease that he is able to attend to his usual occupation. I can not understand how any surgeon whose technique is good, and who exercises good judgment in selecting cases upon which to operate, can possibly condemn the simple but wonderfully effective little operation—appendicostomy.

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REPORT OF THE WORK DONE BY THE STATE BOARD OF MEDICAL EXAMINERS.*

BY

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WACO, TEXAS.

The ten members who were first appointed as the Texas State Medical Examining Board met in Austin, August 15th last, and elected officers, appointed committees, etc.

Applications for license were received as early as August 20th; but, on account of the delay in getting certificates lithographed, the Board did not begin to issue verification licenses until October 24, 1907.

The first regular meeting of the Board was held in Fort Worth on the 21st to the 24th of October, at which twenty-four applicants appeared for examination. As a full report of the transactions of this meeting appeared in the Journal of the State Medical Association, it is unnecessary to here give a detailed account of the work there done.

By the time the work of issuing certificates was actually begun, about one thousand applications had been

*Report of the Secretary of the State Board of Medical Examiners read before the Section on State Medicine and Public Hygiene of the State Medical Association of Texas, Corpus Christi, May 13, 1908.

received. The lack of experience on my part and the great difficulty encountered in procuring efficient clerical help caused the work to be exceedingly tedious and slow, and was further delayed from the fact that as the certificates had to be signed first by the President and the Vice-President of the Board before being sent to the Secretary, they were not received at the Secretary's office promptly, which caused several weeks' delay and much vexation and trouble to the Seeretary as well as to the anxious applicants; but, by putting on a larger force of assistants and getting the work more thoroughly systematized, we have been able to deliver, up to this time, 5061 verification licenses, and 30 reciprocity licenses, besides 20 upon examination.

On December 1st, Dr. J. F. Bailey, of Waco, Osteopath, received from the Governor an appointment as a member of the Board.

This office has during the last eight months mailed something over twenty-five thousand letters and postal cards; has paid out $500 to the express companies in the way of prepaying certificates to their destinations, besides a large amount for registered mail. A copy of every letter mailed from this office is retained and filed. All certificates are sent either by express or by registered mail. A voucher for eaeh certificate, stating upon what each was granted, is alphabetically filed. Every certificate leaving this office is receipted for. Up to the present writing, only two licenses have been lost in transit. Much trouble and annoyance has been caused by sending certificates to the wrong address, which sometimes has been the fault of the mailing clerk, but far more frequently it was caused by the applicant not giving his correct address, or changing his location, or (whieh has caused us most trouble), the name and address was illegible.

Up to the 8th of this month 1426 certificates from the old regular Board had been verified, 173 from the Eclectic State Board and 40 from the Homeopathic State Board, 1605 from the Judicial District Boards, 1272 on diplomas recorded prior to July 9, 1901, 420 on years of practice, 125 Osteopaths and three Obstetricians. A large number of applicants have been declined for the reason of failure to register credentials in the proper time, or where certificates were illegally obtained or fraud perpetrated by the holders in obtaining the same. Something over one hundred have, so far, been declined license by this Board for reasons specified in Section 11 of the present Practice Act.

It is my present opinion that there will be about 6500 verification certificates issued by the 12th of next July. The Secretary of this Board has encountered many serious difficulties in attempting to perform what he considers to be his duty, and while innumerable suits have been threatened and are now threatened, yet up to this date, none have been actually filed. So several questionable rulings adopted by this Board have yet to withstand the test of the courts. It is the Board's opinion that this law is perfectly sound and just, and no adverse opinion is likely to be given, and that vast benefit to the general public and to the medical profession of Texas will result by the enforcement of this aet. This can never be fully obtained unless this great organization, the State Medical Association of Texas, through its county societies, co-operates actively with this Board in an intelligent effort to see that the law is complied with. If the secretaries of the various county societies would send the Board a list of all the practitioners of medicine (as defined in Section 13 of the present law) upon the first of each January, so that when we receive from the district clerks of this State a certified list of those who have recorded their certificates in that county, it would enable this Board to compare the two lists, and if it is found that the names appearing upon the county society's list are not shown to have been recorded by the list sent in by the district clerk, it would be a very easy matter to at once institute proceedings to force those not so recorded to comply with the law. With the co-operation of organized medicine this Board will be enabled to keep a card index system, when it will be an easy matter to locate at any time any physician in this State and give his standing and credentials. This, in my opinion, is very much to be desired.

Most valuable aid has been rendered this Board by several county societies of this State furnishing a list of the practitioners of their communities and all information regarding them, as to their moral and professional standing, etc. By this means, we have been able to withhold license from a number of advertising fakirs. I desire in this connection to mention the name of one of the county societies especially, Jefferson County Society, whose efforts to purify and elevate the profession of their community have been most commendable.

This Board has arranged reciprocity with the following States: Missouri, Maine, Nebraska, Minnesota, Michigan, Kentucky, Illinois, Indiana, Iowa, District of Columbia, West Virginia, Maryland, Wisconsin. With these we reciprocate on the basis of a written examination only.

I wish to call your attention to our college requirements, as published in the April TEXAS STATE JOURNAL OF MEDICINE, and also to the necessity of amending the present Practice Act, so as to change the fees now established for examination and for reciprocity license. Many of the States, whose requirements are as high as ours, have a $25 examination fee and $25 to $50 reciprocity fee.

To successfully carry out the work as outlined in the great State of Texas, it will be necessary for this Board to receive more compensation for its labors than the present law authorizes.

Trustees and Legislative Committee meet in Waco, July 14th, Metropole Hotel, at 9:30 a. m.

The State Board Examination held in Waco, June 30th, was greeted by 106 applicants. Two applicants after taking the questions in three branches retired. One became sick after finishing the fifth subject. One hundred and three completed the work. Results are not yet announced. The questions will appear in the August issue. Five of the applicants were women; nine were negroes.

STATE MEDICAL ASSOCIATION OF TEXAS.

NEXT MEETING AT GALVESTON, TEXAS, MAY 11, 12 AND 13, 1909.

DISTRICT SOCIETIES AFFILIATED WITH THE STATE ASSOCIATION.

FIRST AND SECOND OR EL PASO-BIG SPRINGS DISTRICT—J. B. Thomas, Midland, President; N. J. Phenix, Colorado, Secretary.

THIRD OR PANHANDLE DISTRICT—A. F. LUMPKIN, Amarillo, President; S. P. Vineyard, Amarillo, Secretary. Meets second Tuesday and Wednesday in January and July. Next meeting to be at Quanah, July 14-15.

FOURTH OR SAN ANGELO DISTRICT—Thomas Dorbandt, Lampasas; S. C. Parsons, San Angelo, Secretary. Next meeting in Brownwood, October 20-21.

FIFTH OR SAN ANTONIO DISTRICT—A. Garwood, New Braunfels; E. V. De Pew, San Antonio, Secretary.

SEVENTH OR AUSTIN DISTRICT—Homer Hill, Austin, President; W. A. Harper, Austin, Secretary.

EIGHTH OR DEWITT DISTRICT—F. B. Kirkham, Cuero, President; C. W. Letzerich, Sublime, Secretary.

NINTH AND TENTH OR SOUTHERN DISTRICT—J. H. Sampson, Houston, President; E. F. Cooke, Houston, Secretary. Meets second Wednesday and Thursday in December at Beaumont.

ELEVENTH OR EASTERN DISTRICT—A. L. Hathcock, Palestine, President; J. B. Ramsey, Forest, Secretary.

TWELFTH OR CENTRAL DISTRICT—W. A. Wood, Hubbard City, President; M. P. McElhannon, Belton, Secretary. Next meeting at Cleburne, July 14.

THIRTEENTH OR NORTHWESTERN DISTRICT—Chas. B. Gant, Graham, President; L. H. Reeves, Decatur, Secretary. Meets October 13 at Wichita Falls.

FOURTEENTH OR NORTHERN DISTRICT—J. M. Inge, Denton, President; H. L. Moore, Dallas, Secretary. Meets second Tuesday, Wednesday and Thursday in December at Dallas.

FIFTEENTH OR NORTHEASTERN DISTRICT—T. S. Ragland, Gilmer, President; R. H. T. Mann, Texarkana, Secretary. Meets in November at Texarkana.

ROLL OF COUNTY SOCIETIES.

County Society.	Secretary. Address.	Time of Meeting.
Anderson	R. H. McLeod, Palestine	2nd Monday.
Angelina	R. B. Bledsoe, Lufkin	1st Tuesday.
Austin	Otto E. Steck. Bellville	1st Tues., Quarterly.
Bastrop	S. L. Mayo, Cedar Creek	1st Thursday.
Baylor	J. A. Richardson, Seymour	2nd Tuesday.
Bee	G. M. Stephens, Beeville	3rd Mon., Quarterly.
Bell	J. W. Woodson, Temple	1st Wed., Quarterly.
Bexar	W.S.Hamilton San Antonio	1st Thursday.
Bosque	J. H. Alexander, Meridian	1st Wednesday.
Bowie	T. F. Kittrell, Texarkana	4th Friday.
Brown	H. Purrls Moor, Zephyr	2nd Tuesday.
Burleson	G. C. McLeod, Lyons	
Burnet	Ira J. Dawson, Marble Falls	
Caldwell	Oran C. Holt, Lockhart	2nd Tuesday.
Callahan	J. M. Miller, Admiral	2d Tuesday.
Cameron	G. W. Cox, Brownsville	
Camp	R. Y. Lacey, Pittsburg	1st Tuesday.
Cass	R. L. McClung, Atlanta	1st Wednesday.
Cherokee	J. B. Ramsey, Forest	2d Wed., Quarterly.
Childress	E. A. North, Childress	
Clay	E. J. Cowles, Henrietta	
Coleman	E. C. Beaumont, Coleman.	3rd Thursday.
Collin	J. W. Largent, McKinney	1st Tuesday.
Colorado	G. A. Foote, Eagle Lake	
Comal	A. H. Noster, New Braunfels.	2nd Sat., Quarterly.
Comanche	Chas. Ory, Theny	2nd Thurs., Quart'ly.
Cooke	R. S. Wilson, Gainesville	2nd Wednesday.
Coryell	Ed Graves. Gatesville	1st Wednesday.
Dallam-H-S	D. Y. Stem, Dalhart	2nd Tuesday.
Dallas	B. Kinsell, Dallas	1st Monday.
Deaf Smith	C. W. McFarling, Hereford	2nd Wednesday,
Delta	C. C. Taylor. Cooper	1st Monday.
Denton	W. C. Kimbrough, Denton.	1st Monday.
De Witt	F. W. Kirkham, Cuero	
Donley	William Gray, Clarendon	2nd Tuesday.
Eastland	J. M. Britton, Cisco	Subject to call.
Ector-Midland-M-H-	H. F. Phillips, Big Springs.	2nd Thurs., Quart'ly.
Ellis	S. H. Watson, Jr., Waxahachie.	2nd Tuesday.
El Paso	B. F. Stevens. El Paso	1st and 3rd Saturday.
Erath	T. F. Bryan, Dublin	2nd Tuesday.
Fannin	J. E. Neville, Bonham	2nd Thursday.
Fayette	Robt. H. Seymour, Warrenton.	2nd Tuesday.
Foard	R. L. Kincaid, Crowell	2nd Mon., Quarterly.
Fort Bend	H. C. Boone, Richmond	4th Thurs., Quart'rly.
Franklin	H. A. Mahaffey, Mt. Vernon.	
Freestone	J. E. Sneed, Teague	
Galveston	J. J. Terrill, Galveston	Last Friday.
Gonzales	J. J. Fouts, Gonzales	1st Monday.
Grayson	O. C. Ahlers, Sherman	1st Tuesday.
Gregg	L. N. Markham, Longview	1st Tuesday.
Grimes	B. H. Bennett, Anderson	1st Wednesday.
Guadalupe	Jas. Greenwood, Jr., Seguin	1st Tuesday.
Hale-Swisher-F-L	W. N. Wardlaw. Plainview	1st Wed., Quarterly.
Hall	W. C. Dickey, Memphis	
Hamilton	W. E. McMordie, Hamilton.	1st Wed., Quarterly.
Hardeman	H. A. West, Quanah	2nd Thursday.
Hardin	Lee Selman, Olive	3rd Saturday.
Harris	W. M. Wler. Houston	2nd and 4th Monday.
Harrison	Rogers Cocke, Marshall	1st Tuesday.
Haskell	M. E. Roasberry, Haskell.	
Hays	T. B. McAnaly, Austin	3rd Thursday.
Hemphill-Llpscomb-Roberts-Ochiltree	H. C. Gaylor, Canadian	1st Monday.
Henderson	J. K. Webster, Athens	
Hill	R. H. Gough, Hillsboro	2nd Wednesday.
Hood	E. H. Morgan, Granbury	2d Tuesday.
Hopkins	S. B. Longino, Sulphur Springs.	1st Wednesday.
Houston	W. W. Latham, Crockett	2nd Tues., Quarterly.
Hunt	D. R. Waddle, Greenville	3rd Tuesday.
Jasper-Newton	T. E. Stone, Jasper	4th Wed., Quarterly.
Jefferson	O. S. Hodges, Beaumont	1st Monday.
Johnson	D. L. Bettison, Cleburne	Every Tuesday.
Jones-K	Dee Williams, Anson	Quarterly.
Karnes	D. Y. Willbern, Runge	Bl-monthly.
Kaufman	B. J. Hubbard, Kaufman	1st Tuesday.
Kerr-Kendall-G.-B	W. B. Lawrence. Comfort.	
Knox	J. H. Brice, Knox City	
Lamar	M. A. Walker, Paris	1st Thursday.
Lampasas	Jno. W. Ellis, Lampasas	Every two months.
La Salle-Frio	H. Neeley. Pearsall	On call.
Lavaca	Paul Renger, Hallettsville	2nd Tuesday.
Lee	W. E. York, Giddings	Quarterly.
Leon	W. H. Seale, Marquez	1st Tuesday, April and December.
Limestone	J. W. Rawls, Thornton	3rd Thursday.
Llano	C. F. Darnall, Llano	2nd Tuesday.
Madison	J. E. Morris, Madisonville	2nd Tuesday.
Marion	W. E. Wisdom, Jefferson	1st Thurs., Quart'ly.
Matagorda	P. E. Parker, Bay City	18th bi-monthly.
Maverick	E. S. Easton, Eagle Pass	Call meeting.
McCulloch	J. S. Anderson, Brady	1st Monday.
McLennan	R. J. Alexander, Waco	1st Tuesday.
Medina	J. T. FitzSimon, Castroville.	2nd Wednesday.
Milam	A. S. Epperson, Cameron	2nd Tues., bi-m'nthly.
Mills	H. H. Taylor, Goldthwaite	
Mitchell-Scurry	Willis R. Smith, Colorado	3rd Monday, May, 1st Monday, December
Montague	L. P. Tenney, Stoneburg	2nd Tuesday.
Montgomery	J. F. Collier. Conroe	
Morris	Wm. Smith, Naples	1st Tuesday, Quart'ly.
Nacogdoches	R. P. Lockey, Nacogdoches	1st Wednesday Q'rly.
Navarro	T. V. Fryar, Corsicana	1st Tuesday
Nolan-Fisher-S	B. F. Archer, Sweetwater.	1st Tues. Mar., June, Sept., Dec.
Nueces	C. P. Yeager, Corpus Christi.	2nd Friday.
Orange	W. T. Coyle. Orange	
Palo-Pinto	J. H. Eastland, Mineral Wells.	1st and 3rd Mondays.
Panola	J. S. Neal, Carthage	1st Monday.
Parker	R. Boyd, Weatherford	1st Mon., bi-monthly
Polk	W. K. McCardell, Livingston.	1st Wednesday.
Potter	R. D. Gist, Amarillo	2nd Mouday.
Red River	J. T. Hutchison, Annona	1st Monday.
Robertson	J. H. Petty, Franklin	1st Tuesday April and December.
Rockwall	C. M. Jackson, Rockwall	1st Tuesday.
Runnells	E. R. Walker, Ballinger	2d Thursday.
Rusk	W. P. White, Henderson	2nd Thursday.
Sabine	R. D. Cousins, Pineland	2nd Tuesday.
San Augustine	A. R. Shadden, San Augustine	
San Saba	E. M. Burleson, Richland Springs.	15th May and Dec.
Shelby	W.C.Windham, Shelbyville	2nd Tuesday.
Smith	Albert Woldert, Tyler	2nd Tuesday.
Starr	W. R. Dashiell, Falfurrias.	5th day monthly.
Stephens	J. H. Caton, Breckenridge.	1st Tues., Quarterly.
Tarrant	H. L. Warwick, Ft. Worth	1st Monday.
Taylor	C. M. Cash, Abilene	1st Tuesday.
Titus	W. H. Blythe, Mt. Pleasant.	2nd Tuesday.
Tom Green	L. C. G. Buchanan, San Angelo.	Tuesday before full moon.
Travis	G. M. Decherd, Austin	2nd Friday.
Trinity	J. N. McLendon, Trinity	1st Thurs., Quart'rly.
Upshur	R. Q. McClure, Gilmer	3rd Mon., Quarterly.
Uvalde-Edwards	C. R. Myrick, Uvalde	1st Saturday.
Val Verde	H. B. Ross, Del Rio	1st Saturday.
Van Zandt	D. L. Sanders, Wills Point.	1st Friday.
Victoria-Calhoun	Fred B. Shields, Victoria	20th.
Walker	L. H. Bush, Huntsville	
Waller	Cecil W. LeGrand, Hempstead.	1st Monday.
Washington	J. B. Burditt, Brenham	Quarterly.
Webb	E. H. Sauvignet, Laredo	1st Wednesday in each month.
Wharton-Jackson	A. L. Lincecum, Louise	3rd Friday.
Wichita	J. C. A. Guest, Wichita Falls.	2nd Tuesday.
Wilbarger	Richard W. Hix, Vernon	3rd Monday.
Williamson	C. C. Black, Georgetown	Feb., Apr., June, Aug., Oct., and Dec.
Wilson	Chas. R. Watkins, Floresville.	Quarterly.
Wise	J. F. Ford, Decatur	3rd Tues., Quarterly.
Wood	D. A. York, Mineola	Last Friday.
Young	L. W. Price, Graham	2nd Tues., bi-m'thly

Changes of secretaries and time of meeting should be reported immediately.

MISCELLANEOUS.

The Health of the Hog Came First, But We're Next

A STARTLING INNOVATION

Chester White—Hello, Doc, who are you?
Dr. Sprayem—I'm the new Secretary of Public Health.
Chester White—Hog or cattle?
Dr. Sprayem—Just people!
Chester White—My, but this government is getting progressive.

From The Minneapolis Journal.

THE DEPARTMENT OF AGRICULTURE PROTECTS ANIMALS.

The Department of Agriculture spends seven million dollars on plant health and animal health every year, but, with the exception of the splendid work done by Doctors Wiley, Atwater and Benedict, Congress does not directly appropriate one cent for promoting the physical well-being of babies. Thousands have been expended in stamping out cholera among swine, but not one dollar was ever voted for eradicating pneumonia among human beings. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles; in warning farmers against blights affecting potato plants; in importing Sicilian bugs to fertilize fig blossoms in California; in ostracizing various species of weeds from the ranks of useful plants, and in exterminating parasitic growths that prey on fruit trees. In fact, the Department of Agriculture has expended during the last ten years over forty-six millions of dollars. But not a wheel of the official machinery at Washington was ever set in motion for the alleviation or cure of diseases of the heart or kidneys, which will carry off over six millions of our entire population. Eight millions will perish with pneumonia, and the entire event is accepted by the American people with a resignation equal to that of the Hindoo, who, in the midst of indescribable filth, calmly awaits the day of the cholera.

PRESIDENTIAL COMMUNICATION—CONGRESS ON TUBERCULOSIS.

To the Councilors, State Medical Association of Texas.

DEAR DOCTORS: You will remember that the House of Delegates, at the recent meeting in Corpus Christi, authorized me, as President, to appoint one hundred delegates to represent the Association at the approaching meeting of the International Congress on Tuberculosis, which meets in Washington, D. C., September 21 to October 12, 1908.

This meeting will not only be the largest gathering ever held in this country, but its deliberations will be of the utmost interest to every citizen of the Nation.

Our State and National governments are annually spending thousands of dollars for the protection of our commercial and agricultural interests from the ravages of panic and pestilence, while on account of lack of knowledge of sanitary measures, the health and lives of our people are in constant jeopardy from the destruction by diseases, which ought to be controlled, if not entirely prevented.

There is no financial crisis, or flood and wind disaster whose loss can compare with the destruction of the Great White Plague which is today blighting the lives of our citizenship, leaving in its wake widows and orphans, while the State is often robbed of its noblest manhood and womanhood.

In fact, the spread of this disease, if only the attention of the people can be called to its dangers, will of itself arouse the very nation to an active interest in its eradication.

The medical profession, on account of its peculiar knowledge and relation to the public, has upon it a great responsibility in adopting methods that will awaken the public conscience to a realization of the importance of preventive medicine and at the same time prove to the people that we, as sanitarians, are not acting from a selfish viewpoint, but in the interest of humanity.

This meeting will not be one of local field, nor confined to the medical profession alone, but will have the active interest of the various departments of the National government, as well as nearly all civilized nations of the world, who will be represented by official delegates.

I am informed that the Association of Health Officers, through its President, Dr. Brumby, will select delegates, and it is hoped that other State organizations will act similarly. Texans, especially, should become aroused in this great movement, as we are particularly exposed on account of our climate being an inviting field for these unfortunate sufferers.

It is my desire to appoint those who will become actively concerned in this work, and that I may best accomplish this I am asking each councilor to forward me the names of five physicians in his district who will promise to attend that I may add them to the list of delegates.

Trusting to hear at an early date from all who can attend and to know that your people are lending their aid, I am,

Very respectfully,

H. W. CUMMINGS,
President State Medical Association of Texas.

Hearne, Texas, June 14, 1908.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The fifty-ninth annual session of the American Medical Association was held in Chicago, June 2d to 5th. For the first time since the St. Paul meeting, in 1901, the Association met in the center of the country. To this fact, as well as to the greatly increased membership in the last few years, is due the large attendance. In the four days of the session 6447 members were registered. Including those Chicago members who did not register, there were at least 500 in attendance whose names do not appear on the registration list. The actual attendance would not fall far short of 7000. Adding at least 10,000 guests, exhibitors, etc., makes the actual number of persons in attendance about 17,000. The weather was of that well-nigh perfect brand that Chicago can exhibit at times; being bright and clear, yet pleasantly cool and bracing. The general headquarters and registration offices were located in the First Regiment Armory at Sixteenth and Michigan Avenue, where were also found the Sections on Stomatology and Pathology and Physiology, as well as the House of Delegates, Commercial Exhibit, Scientific Exhibit, etc. This building, one of the finest National Guard armories in the country, served admirably for convention purposes. The meeting places for the other ten Sections were the First and Second Presbyterian Churches, Sinai Temple, the Calumet Club and Grace Church Parish House, all within a few blocks of the general headquarters and the Orchestra Hall in the downtown district, in which the Section on Surgery and Anatomy met. This hall, one of the handsomest auditoriums in the city, seats 2500 and was supposed to be ample for the meetings of this Section, yet it was on several occasions inadequate, being crowded to the doors.

The *House of Delegates* was called to order on Monday morning at 10 o'clock by the President, Dr. Joseph D. Bryant, of New York, who, in his presidential address, commended the work of the Council on Pharmacy and Chemistry as well as that done by Dr. McCormack in educating the pu

lic. He also recommended that a standing committee be established to elaborate the ethical principles underlying the practice of medicine, and that general instruction in ethical medicine be made a part of the undergraduate course. He dwelt particularly on the efforts now being made to restrict animal experimentation, and recommended action by the House of Delegates on this subject. Dr. Bryant also called attention to the invitation extended by President Roosevelt to him as President of the American Medical Association, to take part in the conference recently held at Washington on the Conservation of Natural Resources.

The *Report of the General Secretary* showed that the membership of the Association on May 1, 1908, was 31,343, a net gain for the past year of 3828. The reports received from State associations regarding the organization of branch associations showed that two States had voted in favor of their establishment, seven had voted against, and the remainder had at the time of the publication of the report taken no action. The appointment of a committee to consider uniform provisions for the regulation of county, State and American Medical Association membership was recommended. A communication was presented from the Secretary of the American Association for the Advancement of Science asking that the American Medical Association appoint representatives to the Council of that body.

The *Report of the Board of Trustees* included the customary report from the auditing company, showing that the entire business for the fiscal year of 1907 was $385,030.89; that the total expenditures of the year had amounted to $356,222.21, leaving a net revenue for the year of $28,808.68. Detailed statements of all the various accounts of the Association's business were given, showing the items in each case. The report showed that during 1907, 2,715,293 copies of the *Journal* had been issued, forming a weekly average of 52,217, an increase of 12½ per cent over 1906.

The *Committee on Medical Legislation* reported that the Army Medical Reorganization Bill and the Carroll-Lazear Pension Bills had become laws during the last session of Congress. The importance of uniform and adequate State legislation on the practice of medicine and the preservation of public health was emphasized, as well as the necessity of careful study of the problems involved. The committee recommended that, pending the completion of the work now being done, only those changes in existing laws which are imperatively needed should be attempted by State associations. The formulation of the Vital Statistics Bill, endorsed by the United States Census Department, the American Public Health Association, the Conference on Uniform State Laws of the American Bar Association and the American Statistical Association, was reported and the endorsement of the House of Delegates was asked for this measure. The report of the Chicago Conference on Medical Legislation was also given.

The *Council on Medical Education* reported that the work of the Council during the past year had been along the following lines:

1. The inspection and classification of medical colleges as (a) acceptable, (b) doubtful, and (c) unsatisfactory.
2. The conducting of an annual conference with representatives of State examining boards and leading educators for the discussion of the important problems of medical education and medical licensure.
3. The collection and compilation of data regarding (a) medical college students and graduates and (b) regarding results of State license examinations.
4. A thorough investigation of preliminary and medical education in Europe.
5. Working for the advancement of the requirement of preliminary education in the United States to include a year's work in physics, chemistry, biology and modern languages.
6. Obtaining accurate information regarding high schools and universities in their relation to medical education.

The *Board of Public Instruction* reported that it had secured a secretary, Dr. R. Max Goepp, and that it was considering the establishment of lecture systems and of State boards of public instruction, and intended to publish articles in the magazines and public press for the enlightenment of the public on disease.

The *Committee on Ophthalmia Neonatorum* advised the enactment of laws in each State regarding the registration of births, and placing the control of midwives in the hands of the boards of health; that health boards distribute circulars to midwives and mothers on the dangers and prophylaxis of this disease; that State and local boards of health prepare and distribute proper prophylactic solutions with specific directions for their use; that proper records be maintained in all hospitals in which children are born; that periodic reports be made by all physicians to boards of health; that concerted effort be made along the lines of public education throughout the country. This report was approved by the chairmen of the Sections on Opthalmology, Obstetrics and Diseases of Women and Hygiene and Sanitary Science.

The *Committee on Scientific Research* recommended the appropriation of $200 for the assistance of each of the following:

Drs. D. J. McCarthy and M. K. Myers, Philadelphia, "An Experimental Study of Cerebral Thrombosis."

Dr. Karl Voegtlin, Baltimore, "Chemistry of the Parathyroid Glands."

Dr. Isabel Herb, Chicago, "A Study of the Etiology of Mumps."

Drs. R. M. Pearce, Albany, N. Y., H. C. Jackson and A. W. Elting, "A Study of the Elimination of Inorganic Salts in a Case of Chronic Universal Edema of Unknown Etiology with Apparent Recovery."

Dr. H. T. Ricketts, Chicago, "An Investigation of the Identity of the Rocky Mountain Fever of Idaho with that Found in Western Montana."

On Tuesday afternoon at the third meeting of the House, the *Reports of the Reference Committees* were taken up, the Reference Committee on Medical Education approving the work of the Council on Medical Education and recommending that it be continued. The Reference Committee on Reports of Officers recommended the appointment of a committee of five to consider the elaboration of the Principles of Ethics. Resolutions condemning the legislative efforts to restrict animal experimentation were presented. The action of the Board of Trustees in preparing the second edition of the Directory was approved. The Reference Committee on Legislation and Political Action recommended the approval of the model law for vital statistics, which recommendation was adopted. The resolution presented by Dr. A. T. McCormack, of Kentucky, requesting all State associations publishing or controlling medical journals to restrict advertisements to such preparations as were approved by the Council on Pharmacy and Chemistry was adopted. A committee of three to confer with a like committee from the American Pharmaceutical Association in regard to drug reforms was authorized. The candidacy of Dr. C. A. L. Reed, of Cincinnati, for the United States Senate was indorsed.

On Thursday afternoon the *annual election* took place with the following results:

President—Dr. William C. Gorgas, Ancon, Panama.

First Vice-President—Dr. Thomas Jefferson Murray, Butte, Mont.

Second Vice-President—Dr. John A. Hatchett, El Reno, Okla.

Third Vice-President—Dr. Thomas A. Woodruff, Chicago, Ill.

Fourth Vice-President—Dr. E. N. Hall, Woodburn, Ky.

General Secretary—Dr. George H. Simmons, Chicago, Ill., re-elected.

Treasurer—Dr. Frank Billings, Chicago, Ill., re-elected.

Trustees to Serve Until 1911—Dr. Wisner R. Townsend, New York; Dr. Philip Mills Jones, San Francisco; Dr. William T. Sarles, Sparta, Wis.

The following nominations were made by the President and confirmed by the House of Delegates:

Committee on Medical Legislation—Dr. Charles Harrington, Boston, Mass., to serve until 1911.

Council on Medical Education—Dr. Victor C. Vaughan, Ann Arbor, Mich., to serve until 1913.

Committee on Transportation and Place of Session—Dr. M. L. Harris, Chicago, Chairman, for three years.

The following were elected honorary members: Dr. Edward F. Schaefer, Edinburgh, Scotland; Dr. August Martin, Griefswald, Germany; Dr. E. Treacher Collins, London, England.

The *Committee on Awards* reported the following awards in accordance with the report of the Committee on Scientific Exhibit:

Dr. H. T. Ricketts—Gold medal for research exhibit on tick fever.

Dr. Fenton B. Turck—Diploma for exhibit illustrating pathology of peptic ulcer.

Northwestern University Medical Department—Diploma for teaching exhibit, illustrating morbid anatomy.

Rush Medical College—Diploma for teaching exhibit, illustrating morbid anatomy.

Dr. Charles H. Beard—Diploma for exhibit of drawings of the human eyeground.

Dr. Maximilian Herzog—Diploma for exhibit, illustrating early human embryology.

St. Mary's Hospital, Rochester, Minn.—Diploma for clinical and pathologic exhibit of stereoscopic photographs.

Dr. Edmond Souchon—Diploma for improved method for the preservation and exhibition of anatomic specimens.

Dr. A. M. Stober, Cook County Hospital—Diploma for exhibit, illustrating blastomycosis.

Dr. Mallory and Dr. Wolbach (Harvard)—Diploma for exhibit of drawings and photomicrographs, illustrating the classification of tumors.

U. S. Public Health and Marine-Hospital Service—Honorable mention for exhibit, illustrating the investigations of Dr. C. W. Stiles on hookworm.

Iowa State University—Honorable mention for instructive tuberculosis exhibit.

Cincinnati Hospital—Honorable mention for creditable group of specimens.

Philadelphia Polyclinic—Honorable mention for creditable exhibit of group of teaching specimens.

Lying-In Hospital of New York—Honorable mention for creditable exhibit.

The *Committee on Transportation and Place of Session* recommended Atlantic City as the next meeting place, which choice was agreed to by the House of Delegates.

The *Reference Committee on Legislation and Political Action* reported, requesting the Committee on Medical Legislation to arrange for a conference with the Committee of One Hundred, the Surgeons-General of the Army, Navy and Public Health and Marine Hospital Services, with a view to securing co-operation on the establishment of a National Department of Health. After the transaction of some routine business the House adjourned.

One hundred and thirty-four members of the House were present out of a total membership of one hundred and forty-two. The meetings of the House were better attended than at any time since its organization. The business was dispatched with accuracy and rapidity, the most notable tendency being the reference of resolutions, communications, etc., to the appropriate reference committees without discussion, reserving the consideration of the questions involved until the reference committee had considered the matter and submitted a report.

The *social events* of the week were particularly attractive. On Monday night the secretaries of the State associations and the editors of the State journals met at dinner and completed the organization of a State Secretaries' and Editors' Association. A dinner to foreign guests, as well as a number of other social events, also occurred on Monday evening. On Tuesday evening twenty-seven alumni dinners were held in the various hotels and restaurants throughout the city, the largest being that of Northwestern University Medical School held at the Illinois Athletic Club, at which over 800 alumni were present. On Wednesday evening the President's reception and ball was held at the Coliseum, thousands of members and guests being present. On Thursday evening the local profession tendered the members of the Association a smoker at the Coliseum, at which the attendance amounted to about 8000. Numerous social attractions were provided during the day for the ladies and guests, including receptions at the South Shore Country Club, Chicago Women's Club, etc. The Sections were all largely attended and the programs were of a high order. The session was in every way the most noteworthy of any which has yet been held, and it is anticipated that some years will elapse before the record established will be surpassed.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Northern Life, Chicago, Ill.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Texas Life, Waco, Texas.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Manhattan Life, of New York.
Massachusetts Mutual, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Ector.	Jasper.	Orange.
Bandera.	El Paso.	Johnson.	Potter.
Bastrop.	Edwards.	Karnes.	Rockwall.
Blanco.	Erath.	Kaufman.	Robertson.
Bosque.	Fisher.	Kendall.	Runnels.
Briscoe.	Floyd.	Kerr.	San Augustine
Burnet.	Franklin.	Lampasas.	Sherman.
Caldwell.	Gillespie.	Leon.	Stephens.
Cass.	Gonzales.	Lubbock.	Stonewall.
Camp.	Grayson.	Madison.	Swisher.
Childress.	Guadalupe.	Martin.	Titus.
Clay.	Hale.	Medina.	Travis.
Colorado.	Hill.	Midland.	Upshur.
Collin.	Hopkins.	Milam.	Uvalde.
Comal.	Howard.	Montgomery.	Wilbarger.
Cooke.	Hamilton.	Morris.	Williamson.
Dallam.	Harrison.	Newton.	Wood.—71.
De Witt.	Hartley.	Nolan.	

NEWS.

Physicians' Office Burned at Ennis.—In the destructive fir at Ennis, June 9th, the office of Drs. Loggins and McCall wa burned.

The Texas Pharmaceutical Association held its twenty-nint annual convention in Galveston, June 16th. There were 25 members present.

The Panhandle District Medical Society will hold its nex semi-annual meeting in Quanah, July 14-15. An attractiv program has been prepared.

The Central Texas District Medical Society will meet in Cleburne, July 14th and 15th. A program of unusual inter est has been prepared, and the visiting members are to b highly entertained.

Appointment of Houston Doctors.—Drs. Joseph R. Stuar and Geo. W. Larendon, City Physician, both of Houston, hav received commissions from the Sergeant-at-Arms, advising them that they have been appointed honorary Medical Officers fo the National Democratic Convention to be held in Denver July 7th.—*Houston Chronicle.*

The International Congress on Tuberculosis meets at Wash ington September 21 to October 12, 1908. A large number o Texas physicians will attend. Read the President's communi

cation regarding this. All members of the State Association who go may be appointed delegates by application to President H. W. Cummings, Hearne, Texas.

The Southwestern Medical Alumni Association Organized.—The Alumni Association of the Medical Department, Southwestern University, Dallas, was organized April 30 with the following officers: President, Dr. Sessler Hoss, Muskogee, Oklahoma; Vice-President, Dr. W. B. Correll, Dallas; Secretary-Treasurer, Dr. J. H. Block, Dallas.

Dr. W. A. Wood, of Hubbard City.—In the report of the proceedings of the House of Delegates in the June number of the JOURNAL, Dr. W. A. Wood, of Hubbard City, was elected Vice-President and the notes gave his address as Corsicana. Dr. Wood writes that he is proud that Hubbard City is still on the map, and that he is still a citizen thereof.

The Business Side of Medicine.—In the June issue the editor of the *New York State Journal of Medicine* takes up the practical business side of the doctor's life and quotes freely from Dr. Joe E. Dildy's famous address, "*The Business Side of Medicine*," which appeared in the January, 1907 issue of the TEXAS STATE JOURNAL OF MEDICINE. The editor makes some observations along the line Dr. Dildy so breezily portrayed and ends with the valuable advice that general medical societies will do wisely to introduce into their programs an occasional paper such as the one above referred to.

Opticians' Resolutions.—At the recent annual meeting of the Texas Optical Association, held in Dallas, June 3rd, the following resolution was adopted:

"*Resolved*, That any member who knowingly prescribes glasses for a client with diseased eyes, without advising him to consult a reputable physician, or who shall offer therapeutic benefit in any form, shall be deemed guilty of unethical conduct, and, at the will of the executive committee, his certificate of membership shall be canceled and he be reinstated only at an annual meeting by a two-thirds vote of those present.

"*Resolved*, That the executive committee formulate a request to the State Medical Association asking its indorsement of and co-operation in passing an optometry law in this State, similar to the law recently signed by Governor Hughes of New York."—*Houston Post.*

The Texas Dental Association closed a three-day session in Dallas, June 13th. Among other things, at the last day's session two very important committees were appointed. The first, composed of Dr. C. H. Edge, of Houston, Dr. Julian Smith, of Austin, and Dr. J. P. Arnold, of Galveston, was appointed to act in conjunction with committees of other State associations in the endeavor to ascertain the cause and cure of pyorrhea alveolaris; the second, composed of Dr. R. D. Griffiths, of Paris; Dr. J. M. Nash, of Brenham, and Dr. C. F. Barham, of Fort Worth, was appointed to consider a movement to bring about the appointment of dentists to treat the teeth of children of the public schools of the State. The following officers were elected for the ensuing year: Dr. J. W. Collier, of San Antonio, President; Dr. Julian Smith, of Austin, First Vice-President; Dr. J. T. Tyfe, of Dallas, Secretary and Treasurer. Dr. H. N. Davidson, of Hubbard City, was elected a member of the Executive Committee. Waco was chosen as the next meeting place.

Barber Law Void.—The Court of Criminal Appeals today held the barber law enacted by the last Legislature unconstitutional on three counts. Presiding Judge Davidson delivered the opinion. The grounds on which the court based its opinions are as follows:

The law violates Article 5, Section 1, of the Constitution, which provides that persons engaged in mechanical and agricultural trades shall not be called upon to pay an occupation tax. The court found that the preponderance of authority was in favor of holding the work of the barber to be mechanical. Therefore the Legislature had no power to enact the present law.

W. P. Jackson, of Dallas, furnished the test case, he being convicted in the district court of Dallas county, but the action was reversed by the higher court in its judgment. The court also held the law to be unconstitutional as it exempted the students of the university and other colleges from its operation if they were following the barber trade as a means of working their way through school. It also exempted barbers in towns of 1000 persons, or less, and those in eleemosynary institutions. The court held that this was discrimination and in violation of the provisions of the State Constitution.—*Fort Worth Record.*

DISTRICT SOCIETIES.

FIRST OR EL PASO DISTRICT.

District Personal.—Dr. Irving McNeill, of El Paso, and Miss Elizabeth Keeling, of Washington, D. C., were married June 11th. They will reside in El Paso.

SECOND OR BIG SPRINGS DISTRICT.

District Personal.—Dr. John B. Thomas, of Midland, and Miss Read Hurt, of Big Springs, were married May 28th.

THIRD OR PANHANDLE DISTRICT.

District Personal.—Dr. W. H. Walker, of Wichita Falls, and Miss Ottie Howard, of Tulsa, Okla., were married June 8th.

FOURTH OR SAN ANGELO DISTRICT.

The Brown County Medical Society met at Brownwood, June 9th with ten members present. New members, Dr. J. E. Robinson, Brownwood. At this meeting the post-graduate work recommended by the A. M. A. was carried out.

District Personals.—Drs. Newt Long, of Santa Anna, and J. S. Anderson, of Brady, are spending two months in New York and Chicago taking post-graduate work.

Mrs. J. M. Newman, wife of Dr. J. M. Newman, of San Angelo, died June 19th.

SEVENTH OR AUSTIN DISTRICT.

District Personal.—Dr. and Mrs. H. W. Harper, of Austin, are spending the summer in Virginia.

EIGHTH OR DEWITT DISTRICT.

The Wharton-Jackson Medical Society held a special sanitary meeting in Wharton, June 12th. The society had invited the Mutual Improvement Club and the New Century Club, the school teachers of the town and county, and the health officers of the Eighth District to assist with the program. At noon the ladies of the various clubs served an elegant luncheon to the physicians and their wives. Dr. J. M. Andrews, of Wharton, acted as toastmaster. Several ladies responded. Dr. A. L. Lincecum, of Louise, then toasted the ladies. At 1:30 the public session was opened, and the following program was rendered: "*Home Methods of Prevention of Disease*," Dr. J. C. Davidson, Wharton; "*School Hygiene and Sanitation*," Prof. White, Wharton; "*Modern Methods of Fumigation After Infectious Diseases*," Dr. W. H. Lancaster, Ganado; "*Sanitary Housekeeping*," Mrs. J. C. Davidson, Wharton; "*The Ghosts That Stare at Us, or the Great White Plague*," Dr. W. A. McCamley, Wharton; "*Women's Clubs a Factor in Securing Better Sanitary Conditions*," Mrs. J. M. Andrews, Wharton; "*Disquisition on the Duty of the County Health Officer*," Dr. J. M. Andrews, Wharton; "*Microscopical Demonstration of Various Germs Carried on Flies' Feet*," Dr. G. L. Davidson, Wharton. There was music by the orchestra interspersed throughout the program.

About 200 citizens were present and manifested sincere interest in the papers read, especially were they impressed with the microscopical demonstrations of the germs carried on the feet of flies by Drs. G. L. Davidson, D. P. Redwine and A. L. Lincecum. The meeting was a success, and the people are rapidly awakening to the fact that they are able to help the physicians in securing better sanitary conditions. They are also awakening to the fact that the county society is conducted for the good of themselves as well as for upbuilding the local profession. Before adjourning, the Secretary, Dr. Lincecum, happily expressed the sentiments of the society towards the ladies' clubs for their assistance in the crusade for better sanitation, and for the valuable papers that were contributed which made the public more impressed by the importance of the work.

District Personals.—Dr. August J. Beyer, of Oldenburg, and Miss Nellie Harvey, of New Orleans, were married June 10th.

Dr. E. A. Benlow, of Fentress, and Miss Louise Maffett, of Yoakum, were married June 21st.

NINTH OR SOUTH TEXAS DISTRICT.

The South Texas District Medical Society met in semi-annual session at Galveston, June 11th. The following interesting program was presented: *"Ectopic Pregnancy, Report of Cases,"* Dr. John T. Moore, Galveston; *"Pelvic Abscess, Report of Case,"* Dr. H. A. Barr, Beaumont; *"The Gonococcus and Its Relation to the Practice of Obstetrics and Gynecology,"* Dr. W. F. Thomson, Beaumont; *"Gastro-Enterostomy,"* Dr. J. E. Thompson, Galveston; *"Comparison of Blood Findings in Suppurative and Non-Suppurative Surgical Cases,"* Dr. M. A. Wood, Galveston; *"Anatomic Operation for Radical Cure of Inguinal Hernia Under Local Anesthetics,"* Dr. O. L. Norsworthy, Houston; *"Value of Ringer's Solution for Saline Infusion as Compared with Physiological Salt Solution,"* Dr. W. S Carter, Galveston; *"A Case of Bilateral Papillomata of the Fallopian Tubes,"* Dr. J. J. Terrill, Galveston; *"A Comparison of Some Commercial Disinfectants with Formalin,"* Dr. Henry Hartman, Galveston; *"Some Considerations Concerning Atrophic Rhinitis,"* Dr. John H. Foster, Houston; *"Coloboma of the Crystalline Lens,"* H. C. Hayden and C. M. Schaffer, of Galveston. One of the most attractive features of the meeting was the address of Dr. J. E. Dildy, of Lampasas, entitled *"The Business Side of Medicine."* A committee consisting of Drs. H. R. Dudgeon, Oscar Plant and J. E. Thompson was appointed to prepare resolutions concerning the recent deaths of Drs. Wallace Rouse and J. T. Halley, of Galveston. After the program the society repaired to the beach and after the application of saline solution externally, all partook of a fish chowder. The toastmaster was Dr. Will Fisher, of Galveston. The supper was high grade in every particular, and if fish is a brain food, a brainy lot of doctors left Galveston next morning. The next meeting will be in Beaumont in December.

District Personals.—Miss Anna Mae Gambati, daughter of Dr. and Mrs. O. F. Gambati, was married to Mr. Louis Welton Worsham, in Houston, June 16th.

Dr. and Mrs. B. F. Armstrong, of Houston, left June 17th for an extended trip for the doctor's health. They will visit Hot Springs, Ark., and other points.

Dr. Joseph Isham Collier of Galveston and Miss Susie Saunders, of Navasota, were married June 9th.

Drs. Wood and Garrett, of Houston, were very painfully injured in a runaway the evening of June 12th.

TWELFTH OR CENTRAL DISTRICT.

The Bell County Medical Society met in joint session with the Williamson County Medical Society at Bartlett, June 8th. The following favored the meeting with strong scientific papers: Drs. J. S. Turner, Fort Worth; W. L. Croswaithe, Holland; J. C. Anderson, Granger; A. C. Scott, Temple; L. W. Pollock, Temple; C. B. Atkinsen and J. M. Frazier, Belton; K. H. Ainsworth, Waco; and J. C. Herring, Cyclone. The visiting doctors about fifty in number, were banqueted by local members of the society after adjournment.

The Hood County Medical Society met at Granbury, June 2nd, with but four members present. Dr. J. G. Currie, of Paluxy, read a paper on *"Intestinal Indigestion in Infants and Treatment,"* which was discussed by those present. The program for the meeting, July 7th is as follows: *"Capillary Bronchitis, Symptoms and Treatment,"* Dr. R. B. Dunn, Tolar; *"Appendicitis, Symptoms and Treatment,"* Dr. J. H. Gandy, Lipan; *"Uterine Fibroids,"* Dr. E. F. Gough, Lipan; *"Typhoid Fever—Causes, Symptoms and Treatment,"* Dr. F. B. Hamil, Cresson; *"Acute Malaria and Treatment,"* Dr. A. R. Jarrett, Granbury.

The Milam County Medical Society met at Cameron, June 9th, with ten members present. Several very interesting and instructive talks were given at this meeting.

District Personals.—Dr. M. P. McElhannon, of Belton, has returned from a trip to New York and Chicago.

Dr. and Mrs. R. R. White, of Temple, have returned from a six weeks' visit to Chicago.

Dr. Walter R. Washburn, of Cleburne, and Miss Emma Rigg of Lexington, were married May 26th.

FOURTEENTH OR NORTH TEXAS DISTRICT.

The North Texas Medical Association met in Denison, Jun 16th and 17th. The meeting was called to order by Dr. F. Teas, Denison, Chairman of the Arrangement Committee. A dresses of welcome were made in behalf of the citizens Captain Smith, in behalf of the County Medical Society Dr. E. L. Seay, and in behalf of the Elks, whose hall w given for the use of the Association, by Mr. P. J. Brennan. response was made by Dr. J. M. Inge, President of the Nor Texas Medical Association. The minutes were read and a proved.

The Section on Obstetrics and Gynecology was opened by D Pierre Wilson. The following papers were read: *"Hydatia form Mole With Specimen,"* Dr. H. L. Moore, Dallas; *"Uteri Curette, Contraindication for Its Use from the General Pra titioner's Standpoint,"* Dr. Daniel Ross, Denison; *"Gynecolo and Phsyco-Neuroses,"* Dr. Jno. S. Turner, Fort Worth; *"E topic Gestation,"* Dr. W. R. Hoard, Sherman.

The Section on Practice was opened by Dr. W. R. Hoar *"Hay Fever, Coffee Arabica in Treatment of—Report of Cases* Dr. R. H. Bailey, Gainesville; *"Burns,"* Dr. L. A. Suggs, Fo Worth; *"Treatment of Heart Disease,"* Dr. K. Heberden Bea Fort Worth; *"Official Preparations vs. Proprietary Remedi in Prescription Writing,"* Dr. B. J. Hubbard, Kaufma *"Physiology and Therapeutics of High Tension Electricity* Dr. Geo. D. Bond, Fort Worth; *"The One Board System a Rational Therapeutics,"* Dr. M. M. Morrison, Denison.

The Section on Surgery was presided over by Dr. During in the absence of Dr. Yater. Papers were read on *"Tetanu* by Dr. W. A. Duringer, Fort Worth; *"Prophylaxis and Trea ment of Renal and Vesical Calculi,"* Dr. J. E. Gilcreest, Gain ville; *"Surgical Aspects of Renal Calculi,"* Dr. J. T. Wilso Sherman; *"Goiter and Its Surgical Treatment—Report Cases and Exhibition of Specimen,"* Dr. Chas. H. Harris, Fo Worth; *"Report of Seventy Cases of Hernia Operated on wi Cocain by the Bodine Method,"* Dr. W. W. Samuell, Dalla *"Osteosarcoma of the Femur, with Report of Case,"* Dr. J. Lancaster, Granbury; *"Irrigation and Drainage as Applied Surgery,"* Dr. C. M. Rosser, Dallas; *"Starvation Treatment Malignant Growths of Face and Neck, with Report of Cases* Dr. E. H. Cary, Dallas.

An account of $28.15 was allowed. The new section office are: *Surgery*—Drs. C. M. Rosser, Chairman, Dallas; E. Seay, Secretary, Denison. *Practice*—Dr. Jno. S. Turner, Chai man, Fort Worth; Dr. L. B. Palmer, Secretary, Petty. *O stetrics and Gynecology*—Dr. C. E. Cantrell, Chairman, Gree ville; Dr. W. C. Crutcher, Secretary, Mt. Vernon. Essayis for Public Meetings, Drs. J. W. Largent, McKinney, H. Leake, Dallas, and I. C. Chase, Fort Worth.

A resolution was adopted indorsing the pending constit tional amendment relating to public free schools, commendi its support and adoption. The next meeting will be held Dallas in December.

District Personals.—Dr. Milus L. Moody, of Sherman, h returned from New York, where he took a post-graduate cou on eye, ear, nose and throat. He and Dr. J. R. Nichols ha formed a partnership.

Dr. Earl Axtell, of Fort Worth, has returned from Philad phia, where he graduated after a year's study, from the Jeff son Medical College.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Harrison County Medical Society met in Marshall, Ju 2nd. A large attendance was recorded, and an interesti meeting held. Delegates and members attending the Corp Christi meeting of the State Association made reports counting in full for both business and social transactions that meeting. Several interesting cases were reported a discussed. Dr. C. R. Williams, of the T. and P. Hospital Marshall, was elected to membership. The regular place meeting of the society was changed from the county courthou to the city hall.

The Titus County Medical Society met in Mt. Pleasant, May 12th, with twelve of its sixteen members present. Dr. D. M. Leftwich, of Mt. Pleasant, was elected to membership. A resolution was unanimously adopted committing the society to the support of the Northeast Texas Medical Society, and directing the secretary to pay the annual dues of the membership in accordance with the lately adopted plan of the district society, which permits component societies to join as a body on the payment of a twenty cent annual per capita tax.

The Wood County Medical Society met in Quitman, May 27th, with a good attendance. Two extensive and interesting quizzes were held. One on "*Strychnin*," conducted by Dr. Goldsmith, and one on "*Opium and Its Alkaloids*," conducted by Dr. York. The members of the society who have attended any of these exercises express themselves highly pleased with the results.

District Personals.—Dr. R. A. Grigsby, of Ft. Towson, Okla., visited Mt. Pleasant recently.

Dr. Joseph L. Boyd has returned to his old home at Monticello, and resumed general practice.

Dr. J. H. Taylor, of Marshall, is visiting Mineral Wells for the benefit of his health.

COUNTY SOCIETIES.

NEW MEMBERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS.

Anderson County—Austin, M. L., Montalba; Ferguson, A. W., Montalba; Funderburk, W. O., Cayuga; Faulk, R. A., Frankston; Rose, E. ., Palestine; Silliman, J. C., Palestine; Wilson, H. M., Palestine.
Angelina County—Cook, H. C., Diboll.
Austin County—Schilling, Lawrence, Cat Spring.
Bastrop County—Atkinson, D. C., McDade; Mayo, O. N., Elgin; McDaniel, W. O., McDade; Norfsinger, I. B., Elgin.
Baylor County—Ratliff, J. D., Seymour; Rogers, W. J., Bomarton.
Bell County—Draper, R. H., Sparta.
Bexar County—Beck, L. K., San Antonio; Cloud, Ralph, San Antonio; ray, E. F., San Antonio; Herff, F., Jr., San Antonio; Kemp, J. D., San ntonio; Littlefield, V. C., Elmendorf; McClendon, E. F., San Antonio; riece, J. H., San Antonio; Touchstone, R. B., Bexar, P. O.; Whitehead, T. C., San Antonio.
Bosque County—Pike, A. N., Iredell.
Bowie County—Fuller, T. E., New Bos'on; Grant, R. L., Texarkana; elms, C. P., New Bostou; Lee, S. C., Redwater; Post, G. A., Simms.
Brown County—Wilkerson, T. W., Bangs.
Burnet County—Landrum, M. M., Bertram.
Caldwell County—Corley, Lawrence, Lockhart.
Callahan County—Bailey, Jno. H., Clyde.
Cameron County—Combe, F. J., Brownsville; Combe, J. K., Brownsille; Cox, Geo. W., Brownsville; Layton, L. F., Brownsville; Loew, H. ., Brownsville; McGee, D. B., Harlinger; Works, B. O., Brownsville.
Cass County—Long, R. L., Atlanta; Peebles, Felix, Atlanta; Starnes, . E., Hughes Springs; Russell, W. E., Avinger.
Cherokee County—Strother, E. B., Jacksonville.
Childress County—Cooper, Geo. R., Childress; Morgan, T. M., Chil'ess; North, E. A., Childress; Richards, L. D., Paducah; Sparks, J. J., irkland.
Coleman County—Pentacost, J. B., Glen Cove.
Collin County—Avant, Jno. A., Weston; Ellis, W. D., Plano.
Coryell County—Green, F. C., Oglesby; Whigham, W. E., Oglesby.
Dallam-Hartley County—Doughty, Jas. M., Texhoma, Okla.; Langsn, W. H., Guymon, Okla.; Rattan, A. S., Channing; Vermillion, J. ., Texhoma, Okla.; Russell, W. R., Texhoma, Okla; Slack, J. C., ayton, N. M.
Dallas County—Cole, R. K., Dallas; Pennypacker, Viola L., Dallas; one, M. P., Dallas; Spradlin, J. Q., Dallas; Trimble, J. M., Dallas.
Deaf Smith-Randle-Castro County—Taylor, H. H., Hereford; LeGrand, F., Hereford.
Denton County—Archer, C. W., Lewisville; Gammile, L. P., Ponder; owe, H., Denton; Roark, A. E., Roanoke; Rush, J. W., Corinth; harton, A. E., Garza.
Eastland County—Boon, U. C., Eastland; Griffin, L. L., Atwell; Nelon, D. W., Nimrod; Leggett, C. B., Gorman.
Ector-Midland-Martin-Howard County—Barnett, W. C., Big Springs; all, Granville T., Big Springs; Johnston, W. F., Big Springs; Philips, F., Big Springs.
El Paso County—Auerback, L. B., El Paso; Butler, A. H., El aso; Brunner, Geo., El Paso; Clutter, B. F., El Paso; Grace, F. W., Paso; Hendricks, C. H., El Paso; Pickels, W. H., El Paso; Thomas, N., El Paso; Tappan, J. W., El Paso; McNeill, Irving, El Paso; eady, H. P., El Paso; Braden, C. F., El Paso; Sinks, E. D., El Paso.
Erath County—Cameron, R. S., Stephenville; Goodner, W. B., Dublin; ickey, M. L., Chalk Mountain; McGaughey, J. B., Stephenville; Mcer, S. A., Clairette.
Fannin County—Cooper, W. A., Windom; Nesbett, J. H., Honey rove; Craven, W. E., Telephone.
Fayette County—Beckmeyer, J. F., La Grange.
Freestone County—Blount, R. T., Donie.
Galveston County—Haden, H. C., Galveston; Hartman, Henry, Galston; Heard, Allen G., Galveston; Jones, J. S., Galveston; Kleberg, alter, Galveston; Pritchett, Ira E., Galveston.
Gonzales County—Hargis, W. H., Nixon.
Grimes County—Emory, S. J., Navasota; Franklow, W. H., Shiro; ivey, J. V., Ulmer; Harris, E. A., Navasota; Harris, G. C., Courtney; wis, O. T., Roan's Prairie; Wilson, W. T., Navasota; Wilson, J. E., iro; Greenwood, W. W., Plantersville.
Guadalupe County—Williams, W. C., Staples.
Hale-Swisher County—Guest, J. L., Lockney; Hendricks, J. F., Plainew; Judkins, O. H., Plainview; Wolford, R. B., Tulia; Hudson, J. C., Petersburg; Bridges, F., Hale Center; Hanby, J. D., Plainview; Childres, R. A., Floydada.
Hall County—Clark, V. V., Estelline; Johnson, S. L., Newlin; Street, S. A., Wellington.
Hardin County—Fortenbery, J. C., Saratoga; Pope, E. D., Saratoga; Selman, B. E., Village Mills.
Hardeman County—Johnson, J. G., Quanah.
Harris County—Elles, Norma B., Houston; Eskridge, Belle C., Houston; Hodes, H. K., Houston; Moore, S. H., Houston; Parker, G. D., Houston; Sardino, Peter H., Houston; Silbernagle, Emile S., Houston; Wallace, C. A., Houston; Williams, J. O., Houston.
Harrison County—Baldwin, B. H., Fern; Watt, W. D., Hallville.
Haskett County—Bernard, J. W., Carney; Cummings, D. L., Haskell; Gebhard, A. G., Haskell; Roasberry, M. E., Haskell.
Hays County—Hons, J. M., San Marcos.
Hill County—Elliott, W. G., Hillsboro; Harper, J. W., Itasca; Hartsfield, T. M., Covington; McKown, G. W., Osceola; Spaulding, J. W., Brandon; Wells, T. O., Woodbury.
Hood County—Collins, F. A., Acton; Gough, E. G., Lipan; Hamil, F. B., Cresson.
Hopkins County—Pickett, H. W., Shirley; Shrode, J. M., Saltillo; White, J. T., Sulphur Springs.
Houston County—Miller, K. H., Holly; Nelson, J. H., Weldon; Sharp, W. S., Ratcliff; Stafford, P. H., Grapeland; Sherman, T. M., Ratcliff; Westmoreland, J. P., Weldon.
Hunt County—Cannon, J. E., Celeste; Hopkins, E. A., Wolfe City; King, H. E., Vansickle; Merchant, C. B., Quinlan.
Jasper-Newton County—Hall, H. S., Newton.
Jefferson County—Bland, L. F., Port Arthur; Spring, T. P., Beaumont; Jordan, S. N., Liberty; Grace, J. W., Beaumont.
Johnson County—Washburn, W. R., Cleburne.
Jones County—Bunkley, Eunice, Stamford.
Karnes County—Pressly, T. J., Runge; Pridgen, Jno. L., Gillett.
Kaufman County—Jackson, Eugene, Elmo; Taylor, D. G., Scurry.
Knox County—Brice, Jno. H., Knox City; Crume, W. M., Munday; Gilmer, G. P., Knox City; Lee, J. T., Munday; Orr, J. A., Benjamin; Pope, W. B., Knox City; Robertson, J. B., Munday; Wylie, D. C., Munday.
Lamar County—Armstrong, J. E., Biardstown; Carraway, J. H., Petty; Creede, J. R., Petty; Goolsby, E., Direct; Payne, G. W., Glory; Steele, E. H. B., Jennings.
Lampasas County—Everitt, W. B., Goldthwaite; McKean, J. O., Lometa; Ponton, A. R., Copperas Cove.
La Salte-Frio County—Brown, R. L., Pearsall; Terry, Wm., Dilley; Wheeler, F. B., Tilden; Williamson, L. C., Moore; Wright, R. B., Carrizo Springs.
Lavaca County—Evans, E. A., Ezzell; Lay, J. R., Hallettsville; Presley, A., Yoakum; Renger, Paul, Hallettsville; Kopecky, C. L., Hallettsville.
Leon County—Bell, J. F., Oakwoods; Payne, J. E., Normangee; Rogers, Joe, Normangee; Taylor, W. F., Flo.
Limestone County—Cook, J. P., Mexia; Herring, I. H., Mexia; Holton, T. J., Horn Hill; Smith, C. E., Ben Hur; Wilkin, Wm. J., Big Hill.
Llano County—Gray, C. L., Llano.
Madison County—Williams, O. W., Courtney.
Marion County—Brooks, C. H., Jefferson; McCasland, J. N., Pyland; Smith, W. R., Pyland.
Maverick County—Tarver, Chas., Eagle Pass.
McCulloch County—Granville, J. B., Brady; Holly, A. S., Brady.
McLennan County—Cannon, I. F., Mart; Curran, W. F., Colon, Canal Zone; Minnock, R. F., Waco; Stone, J. B., Travis; Chaffin, J. B., Bruceville.
Medina County—Evans, J. R., Devine.
Milam County—Best, E. E., Cameron; Denson, T. J., Cameron; Jones, D. C., Cameron; Sapp, M. C., Cameron.
Mitchell-Scurry-Dickens-Kent County—Warren, J. W., Snyder.
Montague County—Anderson, Wm. H., St. Jo; Wall, I. N., Bonita.
Morris County—Carroll, J. D., Naples; Calloway, E., Naples; Russell, W. L., Cason.
Nacogdoches County—Campbell, W. H., Nacogdoches; Castleberry, J. K., Alazan; Ireland, W. W., Cushing; Rogers, C. G., Cushing; Shepherd, W. F., Flanagan; Tucker, F. R., Nacogdoches.
Navarro County—Murphy, J. H., Powell; Matthews, H. L., Spring Hill; Newburn, C. L., Barry; Polk, Louie, Corsicana; West, D. W., Barry; Waits, W. S., Bazette.
Nolan-Fisher County—McGee, B. B., Sylvester; Hurley, H. P., Rotan; Callam, W. W., Rotan; Nichols, P. C., Sylvester; Womack, W. A., Royston.
Nueces County—McClellan, C. L., Rockport; Seele, G. A., Corpus Christi; Davisson, A. W., Corpus Christi.
Orange County—Brown, Walter D., Texla; Jordan, R. H., Lemonville.
Palo Pinto County—Anthony, J. L., Strawn; Baldridge, W. H., Strawn.
Parker County—Coulter, R. P., Weatherford.
Polk County—Boothe, T. A., Cleveland; Robinson, C. H., Cleveland.
Red River County—Bailey, P. C., Manchester; Chambless, J. A., Woodland; Deberry, Marvin, Cuthand; Hardeman, W. E. Annona; Reeves, ——., Woodland.
Runnels County—Boon, J. T., Wingate; Brown, I. Z., Ballinger; Crunk, W. I., Paint Rock; Todd, T. L. Maverick; Thomas, Chas., Ballinger; Tinkle, Fred, Winters.
Rusk County—Deason, T., Brachfield; Dawson, Chas. A., Minden; Galloway, A. H., Sr., Laneville; Holleman, W. D., East Bernard; Ross, J. E., Churchill.
Sabine County—Arnold, W. T., Jr., Bronson; Cooper, Jno. D., Brookeland; Crouch, Geo. W., Bronson; Goodrich, R. L., Milam; McGowin, M. W., Yellowpine; Smith, E. G., Hemphill; Smith, C. F., Fairdale; Chapman, R. W., Geneva; DuBose, J. L., Benina; Spights, J. W., Milam.
San Saba County—Behrns, C. L., Cherokee; Burleson, E. C., Richland Springs; Nelson, A. D., Richland Springs.
Shelby County—Bryan, C. O., Center.
Smith County—Bundy, D. T., Tyler; Jennings, W. A., Mt. Sylvan.
Starr County—Irwin, W. S., Falfurrias.
Stephens County—Nunn, J. Q., Harpersville.
Tarrant County—Aldridge, H. H., Fort Worth; Axtell, Earl, Fort Worth; Beall, K. H., Fort Worth; Beall, F. C., Fort Worth; Bennett, J. C., Coppell; Balke, J. W., Fort Worth; Dycus, Earl, Juno; Floyd, J. R., North Fort Worth; Hayden, G. W., Fort Worth; McKnight, J. N., Fort Worth; Smith, R. H., Azle; Trigg, Ross, Fort Worth.
Taylor County—Atkinson, A. B., Merkel; Barnett, J. B., Abilene; Campbell, N. W. Abilene; Miller, Geo. L., Merkel; Tinsley, O. S., Tye; Winn, W. A., Tuscola.
Titus County—Haney, Jas. N., Argo; Tabb, Luther M., Mt. Pleasant; Leftwich, D. M., Mt. Pleasant.
Tom Green County—Henson, P. S., San Angelo; Hixson, J. S., San Angelo; Nibling, Geo. W., San Angelo.

Travis County--Oxford, J., Austin; Stroburg, J., Manor; Wilhite, J. T., Austin; Harwood, Geo. S., Johnson City; Loving, Jos. M., Austin.
Trinity County—DuBose, T. J., Apple Springs; Poston, Marion C., Crete.
Upshur County--Buchan, W. H., Sr., Glenwood; Buchan, W. H., Jr., Glenwood; Duke, G. W., Lafayette; Erwin, P. O., Big Sandy.
Uvalde-Edwards County—Rogers, J. E., Barksdale; Dickey, S. B., Uvalde; Duren, V. E., Utopia; Pattison, L. A., Utopia.
Val Verde-Kinney County--Brewton, S. L., Del Rio; Hudson, S. B., Sanderson.
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Wise County--Buckner, K. L., Bridgeport; Blanton, W. P., Chico; Siever, C. N., Alvord.
Wood County--Connell, R. O., Pine Mills; Farrington, R. A., Alba; Fowler, J. A., Pleasant Grove; McKnight, F. V., Quitman; McCamlsh, C. E., Mineola; Patilo, M. D., Myra.
Young County--Connally, S. E., Markly; Jones, J. H. B., True; Smith, L. T., Loving; Williamson, J. L., Graham; Logan, W. H. Graham.

NEW TEXAS MEMBERS OF THE A. M. A. FOR MAY, 1908.

Alexander, R. L., Coahoma.
Auerbach, L. B., El Paso.
Clemons, I. T., Waller.
Clune, W. M., Darwin.
Cook, W. G., Fort Worth.
Hackney, U. P., Dallas.
Ledbetter, E. E., Tioga.
Maxfield, J. R., Grand Saline.
Miller, K. M., Houston.
Mohlau, F. G., Brenham.
Rush, J. W., Corinth.
Stone, M. P., Dallas.
White, David, Hamlin.
White, F. A., Sulphur Bluff.

CHANGES OF ADDRESS FROM JUNE 1 TO JUNE 25.

W. H. Moursund, from Fredericksburg to Seguin.
J. W. Guyton, from Levita to Cleburne.
P. S. Smith, from Mingus to Winters.
T. B. McAnnaly, from Buda to Austin.
J. C. Robertson, from Ringgold to Fate.
H. A. Long, from Cleburne to Chicago, Ill.
J. J. Hanna, from Amarillo to Quanah.
G. A. Foote, from Eagle Lake to Byers.
Oscar Davis, from Cistern to Anderson.
J. G. Jones, from Galveston to Smithville.
L. Shoemaker, from Brushy Creek to Handley.
Earl Dycus, from Juno to Archer City.
T. L. Hurst, from Fort Worth to Shelbyville.
R. H. Jordan, from Texla to Lemonville.
O. N. Mayo, from Elgin to McDade.
A. H. Williams, from Tehuacana to Honey Grove.

DEATHS.

Dr. A. Orlando Buster, for years a resident of Pilot Point, died at El Paso, April 25, 1908. He was born in Denton county, Texas, February 7, 1872. He received his high school education at Franklin College, Pilot Point, Texas, moving to Pilot Point in 1890. He took two courses in the Medical Department of the Fort Worth University, after which he enlisted in the army. During the Spanish-American war he served six months in the Hospital Corps. After this he took his third course in medicine, graduating from the Medical Department of the Fort Worth University in April, 1899. Later he took a post-graduate course in Chicago. He practiced in Pilot Point and Celina for nine years. On account of failing health, he moved to El Paso in January, 1908, where he died of tuberculosis at the age of 36. He was a consistent Christian, a member of his County, State and National Medical Associations, and stood for the highest in his profession. In 1901 he married Miss Susie Grey, who, with two children, survives him. His third child became infected with tuberculosis, and died a few days after his father. He belonged to the Masonic, Odd Fellows, Knights of Pythias and Woodmen of the World lodges.

BOOK REVIEWS.

The Pancreas: Its Surgery and Pathology. By A. W. Mayo Robson, D. Sc. (Leeds), F. R. C. S. (Eng.), of London, and P. J. Cammidge, M. D. (Eng.), D. P. H. (Camb.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; morocco, $6.50 net.

This book, a new one in the field of medical literature, is written by A. W. Mayo Robson and P. J. Cammidge, the f mer a well-known author of many surgical works, especia dealing with the surgery of the digestive organs. The thors take up their work in a very systematic and force manner, giving the anatomy, embryology, histology, physiol of the normal pancreas and then take up the general thology, fat necrosis, chemical pathology and diseases of abnormal pancreas, together with general symptomatology a diagnosis. Inflammatory affections of the pancreas and p creatitis receive a great amount of space in this volume, a the authors deal with these subjects admirably well. chapter devoted to the relation between diabetes and disea of the pancreas is very exhaustive and contains quite amount of knowledge which has not heretofore appeared other works. The book also contains a chapter devoted injuries of the pancreas. Surgeons as well as general pr titioners may obtain a vast amount of new information on t subject from a close perusal of this volume.

A Text-Book of Physiology. For medical students and phy cians. By William H. Howell, Ph. D., M. D., LL. Professor of Physiology, Johns Hopkins Universi Baltimore. Second Edition, thoroughly revised. tavo volume of 939 pages, fully illustrated. Phi delphia and London: W. B. Saunders Company, 19 Cloth, $4 net; half morocco, $5.50 net.

This volume, the second revised edition, is a thorough up-to-date book, designed especially for the use of a vanced readers. Although it is not a very large volume, embraces all that was heretofore known about physiology the human body, and gives the advanced opinions of the fo most living physiologists. The sections of this volume on t central nervous system, respiration, blood and digestion a secretion are especially good. Dr. Howell is to be commend upon the fact that he has produced a work which is peculia fitted to the needs of medical students and practicing phy cians. It is adapted to the needs of medical students cause he eliminates a great deal of matter which has not yet a firm scientific basis. It is also adapted to the needs practicing physicians because it gives all the late theori which have been established by scientific reasoning on qu tions of modern physiology. Doctors who wish to keep up wi the times on physiology should get a copy of this book.

A Text-Book of the Practice of Medicine. By James Anders, M. D., Ph. D., LL. D., Professor of t Theory and Practice of Medicine and of Clinical Me icine, Medico-Chirurgical College, Philadelph Eighth revised edition. Octavo of 1317 pages, ful illustrated. Philadelphia and London: W. B. Sau ders Company, 1907. Cloth, $5.50 net; half moroc $7 net.

The popularity of this book is attested by the fact th the present volume is the eighth revised edition. Most of t old matter has been rewritten and much new has been p in without very materially altering the size of the boo Among the important sections which have been rearrang and for the most part rewritten, the one on Animal Parasit Diseases occupies a very conspicuous place in this editi This class of affections embracing, as it does, many tropi and sub-tropical diseases, which are manifesting an ev increasing incidence in the temperate latitudes of this count and Europe, has received a large share of attention. The n articles in this section are on Parasitic Infusoria and Fibri Tropical Splenomegaly. Although many subjects are new discussed in this edition, the following are especially goo Chronic Appendicitis without preceding Acute Attacks a Intestinal Autointoxication. This volume is also to be reco mended to medical students. It is one of the best known a reliable American works on practice. Practitioners havi old editions will do well to exchange for the new in order keep strictly abreast of the times.

BOOKS RECEIVED.

Transactions Medical Association of Georgia, 1907.
Bier's Hyperemic Treatment, *Willy Meyer, M. D., and Pr V. Schmieden* (W. B. Saunders).
Hydro-Carbon Prothesis, *Kalle* (The Grafton Press).
History of the Medical Society of the State of New Yor 1807-1906.

H. W. CUMMINGS, M. D.,
HEARNE, TEXAS,
Fortieth President of the State Medical Association of Texas.

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
EDITORIAL OFFICE: Room 502 Continental Bank Building, Fort Worth, Texas.

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VOL. IV. AUGUST, 1908. NO. 4.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Portrait of Our President.—We take pleasure in presenting to our readers in this issue the exeellent likeness of Dr. H. W. Cummings, of Hearne, the fortieth President of the State Medical Association of Texas.

Bright Prospects for a National Health Department.—Public sentiment is gradually awakening to the neeessity of a National Department of Public Health. Three associations are actively urging this—the American Assoeiation for the Advancement of Science, the American Medical Association, and the Ameriean Assoeiation of Public Health. Scientific men have been aroused by the first of these societies; the American Medical Association at its recent meeting unanimously endorsed the movement, and appointed Dr. J. N. McCormaek chairman of a committee in charge of this work, and instructed him to open offices in Washington. In addition to the 80,000 medical men of the United States interested in this campaign, the Ameriean Association of Public Health, enrolling teachers and professors of politieal economy, has joined the movement. At a recent meeting at Yale, this purely lay organization showed the fearful waste of human health and life from preventable causes, now conservatively estimated at an annual eeonomic loss of $4,000,000,000. Only 210,000 men were killed in both armies during the five years of the Civil War. During the last five years in the United States 750,000 died of tuberculosis and 250,000 of typhoid fever—diseases eapable of elimination. In the last ten years the Federal government, through the Department of Agriculture, has spent $40,000,000, and proposes to spend $250,000,000 more on the diseases of hogs, chickens, cattle, sheep, trees, grains and fruits. Not a dollar has been spent to eradicate diseasc from the human race exeept through the Public Health and Marine Hospital Service.

Roosevelt did not favor a National Department of Public Health; he also did not at first favor a sanitarian on the Panama Commission. Later, through the efforts of Dr. C. A. L. Reed and the medical profession in general, Dr. Gorgas was finally appointed. Rcecnt increased interest in a National Department of Health has resulted in the insertion of a plank in both the Republican and Demoeratic platforms. The Republican plank, while of greater political importance, is less explicit, and reads as follows:

"*Publie Health.*—We commend the efforts designed to secure greater efficiency in the national public health agencies, and favor such legislation as will effeet this purpose."

The Democratic plank is as follows:

"We advocate the organization of all existing national public health agencies into a national bureau of public health with such power over sanitary conditions connected with factories, mines, tenements, child labor and other such places as are properly within the jurisdiction of the Federal government and does not interfere with the power of the States controlling public health agencies."

The insertion of this plank in the Democratic platform was in large measure due to the efforts of Dr. J. N. McCormack. He submitted a suggestive plank to Wm. J. Bryan and members of the National Democratic Convention. Mr. Bryan officially endorsed the measure. This matter was presented to the Committee on Resolutions at Denver by Governor Thomas, of Colorado, and Professor Fisher of Yale University. Senator B. F. Looney, of Greenville, Texas, was among those who made strong appeals before the eommittee in behalf of the insertion of this plank.

The endorsement of both great national parties practieally insures the establishment of a National Department of Public Health, or at least a better national organization of public health forces with adequate appropriation.

Coming Legislative Efforts.—The Legislative Committee, together with the Board of Trustees and the Treasurer of the Association, recently met in Waco. The entire Legislative Committee was present, and a majority of the Trustees. Various bills were considered, together with matters referred to the committee by the House of Delegates. The nurses' bill was referred back to the Texas State Nurses' Association for the correction of imperfections. It was proposed to limit the legislative efforts of the year to two bills, *one*

for the establishment of a State tuberculosis sanitarium, which was presented to the last Legislature, a copy of which appears in this issue; *second,* a bill for a Board of Health. The Board of Health measure was introduced in the last Legislature. It was acceptable to the State Health Officer, and we believe the Governor, and the Public Health Committee of the House. The Legislative Committee is at present hard at work perfecting this measure.

Circular letters were recently sent to each county secretary, requesting that they be mailed to all candidates for the Legislature. These letters reached nearly all candidates, and in nearly every instance elicited a reply. These replies indicate that the letters have served to educate, to interest and to pledge candidates to the support of the two measures outlined in the letter. The measures are such as not to arouse any antagonism, as they are wise, necessary and clearly relating wholly to the public weal. For this reason, agitation is probably all that is necessary to secure their enactment into laws. These letters, following the plan of other organizations, were a happy thought. We hope to have every member of the coming Legislature understand the need and the character of the proposed legislation before going to Austin.

Entertainment Committee Appointed.—President H. W. Cummings has announced the appointment of the following local Committee on Entertainment for the Galveston meeting of the Association next May: Drs. David H. Lawrence, Marvin L. Graves and W. S. Carter, of Galveston.

Restricting Advertising to Approved Remedies.—The Council on Pharmacy and Chemistry is slowly but surely leading the medical profession to a knowledge of what is good, bad and indifferent among proprietary remedies. Its work has been almost revolutionary. The medical journals published solely in the interest of the medical profession—that is, the *Journal of the A. M. A.* and the State journals—have been quick to recognize that they could not safely exploit remedies to the profession without the approval of some such investigating body. This JOURNAL since the 1st of January last is not accepting contracts for any but approved remedies. At the Chicago session of the American Medical Association the following resolution was adopted by the House of Delegates, and the General Secretary was instructed to bring it to the attention of State associations:

Resolved, That this Association heartily approves the action of the Board of Trustees in restricting advertisements of medical preparations to those approved by the Council on Pharmacy and Chemistry; and, further,

Resolved, That this House of Delegates requests all those State associations which now do or hereafter may publish or control medical journals to restrict their advertisements to such approved preparations, and that the General Secretary be requested to bring this resolution to the attention of all the State associations.

Privately Owned Journal Endorses Council on Pharmacy and Chemistry.—With the July issue, the *Old Dominion Journal of Medicine and Surgery,* published at Richmond, Va., appears under a new management and publishes at the head of its editorial page: "No advertisements of proprietary medicines accepted until approved by the Council on Pharmacy and Chemistry of the American Medical Association." In its list of collaborators appear the names of some who have hitherto refused to editorially support any medical journal because of the character of advertisements published. So far as we know, this is the first privately owned journal to accept this reasonable and ultimate position of all reputable medical publications. We are glad that the South has the honor of being among the very first to endorse and support this national movement of vital interest, within a year after the exclusion of doubtful advertising from the *Journal of the A. M. A.*

Fire in the Journal Office.—On the night of July 19th fire broke out in the building in which the office of the State Medical Association and the State JOURNAL is located. The amount of actual destruction was slight. A few files, cases and desks were somewhat burned. The entire office was drenched with water, including the library, letter files, records, card indexes, journals, periodicals, stationery, account books, etc. While everything in the office was also covered with plaster and charcoal, discolored by smoke and warped by water, the records and business papers are still legible. A large part of the library had previously passed through the Galveston flood, and bindings were already defaced. Inconvenience to the office is great, but the actual loss to the Association is probably not over a few hundred dollars. Such disasters emphasize the necessity of having a fireproof building and a permanent place of business. There is little incentive to collect a reference library or valuable records as long as they are exposed to the dangers of the elements and frequent removal from office to office.

Mandamus Suits to Compel the State Medical Examining Board to issue licenses, or to restrain it from revoking licenses, have been filed. Although litigants reside in other parts of the State, most of these suits have been entered in Fort Worth, where two members of the Board reside. This locality would seem to be thought a favorable place for trial. These suits have received some newspaper notoriety, and many physicians have been unduly aroused over their significance. They are merely an appeal to the courts to decide whether the Board has acted within its juris-

diction. There is no question of the constitutionality of the law involved. Any one who questions the action of the Board has a right to test the matter thus in the courts. The exact powers of the Board are often in doubt, and the action of the courts on certain of these powers will strengthen and define the position of the State examining body. The defense of these suits are a part of the duty of the Attorney General's office, and a representative of this office will appear in the forthcoming suits. The Board recently revoked the license of Dr. G. S. Lincoln, of Dallas, who has been connected with the State Medical Institute of Fort Worth, conducted by the notorious Dr. Sweeney. The forthcoming mandamus suits are to test the legality of the Board's revoking the licenses of Drs. Buell and Benasowitz, of the Dr. Horn Company of Houston, and of Dr. Harlan N. Trask, also of Houston, on the ground of fraudulent claims.

The Index Medicus.—The *Index Medicus* will be published during 1909. The profession is probably aware of the financial loss constantly incurred in the publication of this valuable index of current literature. During the last two years efforts have been made to increase subscriptions to the *Index* in order that the present price of $5 per volume might be continued. These efforts have met with little success. The medical profession generally does not support the work. This fact is probably explained by the small number of medical reference libraries which make the use of the *Index* of value. The number of copies published is limited and subscriptions must be made early for 1909 at the new rate of $8 a volume. Every physician who is engaged in the original research should receive monthly installments of this work.

Revised Rules Admitting to Medical Study.—Soon after the announcement of the rules Relating to Medical Schools and Admission to Medical Study, promulgated by the State Board of Medical Examiners, it was found that certain provisions were so radical as to work great hardship on the medical schools of the State as well as upon medical students matriculated and expecting to matriculate this fall. Certain modifications were adopted by the Board, especially regarding entrance requirements and places of holding examinations. Entrance requirements for 1908 were placed at eight units, to be increased two units each year until fourteen are reached. As these revisions interest every student of medicine in Texas, we reprint the rules in this issue.

Back Numbers Wanted.—The files of the State JOURNAL are short the May and October numbers of 1906. We have demands for bound copies of journals of various years, and are unable to complete further sets without these numbers. We shall appreciate the favor if subscribers having and not desiring to keep these numbers will send them to us, for which 20 cents per copy will be paid.

ORIGINAL ARTICLES.

ACIDOSIS.*

BY

K. HEBERDEN BEALL, M. S., M. D.,
FORT WORTH, TEXAS.

Because of a veil of relative obscurity which surrounds the whole question of acid intoxications, it was with a great deal of hesitation that I undertook the preparation of a paper on this subject. However, the condition called acidosis, notwithstanding our meager knowledge of the method of its production, is one which is very important because very common, very easy to recognize, but often overlooked, and amenable to treatment. It is a question important alike to the medical man, the pediatrician, the surgeon and the obstetrician.

This paper will have nothing to say of the interesting toxic effects of acids, organic or inorganic, which may be introduced from without, but will deal entirely with the complex which arises when in the course of metabolism an excess of acid is produced within the body. Here it may well be remarked that the symptoms produced by these acids differ little from those which arise after the administration of poisonous doses of hydrochloric or other inorganic acids.

Acids of many kinds may and do arise in the body in many ways. These acids are normal metabolic products, but in normal metabolism they are destroyed as soon as formed. I shall not take your time to discuss any except those which concern us here—the so-called "acetone group." In this group are B-oxybutyric and diacetic acids. Their origin in the body has long been in dispute. Because of their almost constant presence in diabetes, and of the well-known faulty carbohydrate metabolism occurring in this disease, it was for a long time held that the carbohydrates were the source of these acids. Later, when this was disproved, to the proteids was given the credit, but now it seems well established that they arise entirely from the fats, and the present conception is that whenever for any reason whatever, carbohydrate is not being destroyed along with the fats, then these acetone bodies, which are always present, are not destroyed as is normally the case, but circulate in the blood and give rise to symptoms of intoxication. Without taking your time to discuss the reason for the toxicity of these acids, I may state that it is probably a fact that these bodies are poisonous simply because they are acids and demand alkalies for their neutralization, and that after the fixed body alkali has been consumed ammonia must be furnished, the urea metabolism is interfered with and protoplasm must be destroyed to secure sufficient ammonia to convert these acids into harmless neutral salts. Since it is the withdrawal of alkali, and not the mere presence of acid which causes symptoms, it were better, I believe, to use as descriptive of this condition the word *dealkalization* instead of *acidosis*, as it is commonly termed.

When these acids appear in the blood, they are excreted in the urine as salts along with acetone, their decomposition product, and here may be easily detected by very simple tests, which I need not mention. The symptoms of acidosis are quite characteristic, though

*Read before the Section on Pathology of the State Medical Association of Texas, Corpus Christi, May 14, 1908.

extremely variable in their individual severity. Although any features may be absent in any case, the symptom-complex of acidosis may be stated thus: headache, vomiting, a peculiar dyspnea which I shall describe, marked prostration, constipation, tachycardia, an acetone odor to the breath, and in the serious cases coma and death. Except in the course of diabetes, vomiting is probably the most constant symptom. The vomiting is usually severe, persistent and may continue in spite of everything unless the acidosis is combated. This is usually the prominent feature of acidosis which follows anesthesia and operation, and surgical patients have, I am sure, died when simple measures to combat the acidosis would have saved some of their lives. There is usually constipation, oftentimes extreme, and this is usually well marked in the acidosis of children and in diabetes. The dyspnea is peculiar, interesting and characteristic. It is the familiar dyspnea at the end of diabetes, and Kussmaul has well termed it "air hunger." With no obstruction of the air passages and free expansion of the chest, no fullness of the veins, no cyanosis, the patient breathes to the utmost with the fullest inspiration and expiration following in quick succession. The acetone odor to the breath is characteristic, and most always gives a clue to the diagnosis, which is confirmed by examining the urine. The headache, tachycardia and delirium may at times be very marked, and the coma differs in no respect from diabetic coma.

As to the occurrence of this condition, there is hardly any disease in the realm of medicine upon which an acidosis may not arise and become perhaps more serious than the original trouble. As an explanation of this I may say that in an absolutely normal person an acidosis may be brought on by starvation alone, by a pure proteid diet, or by a diet which is too poor in alkali.

We have stated above that acids arise from fats and can only be destroyed when carbohydrate is destroyed at the same time, so in diabetes where there is fat combustion with little destruction of carbohydrate, we should expect this condition to arise. And so it is that diabetes is a most important cause of acidosis, and acidosis becomes the most important feature of diabetes, far outclassing in importance the question of sugar, both in prognosis and treatment. It were better to estimate the acetone group than the sugar, far better, both, and I am sure that much harm has been done diabetics by an injudicious limiting of the carbohydrates and the production of a fatal acidosis, injudicious because of no attention being paid to the excretion of these acetone bodies. There comes a time when the life of almost every diabetic may be prolonged by a slice of bread and a little soda, yet how often is the one denied and the other not given him? It were far better for a diebetic that he treat himself than that his diet should be much restricted, without a careful watch being made of his urine to determine the extent of the acidosis.

In fevers fats are burned, and when the body glycogen, which is stored carbohydrate, gives out, if for any reason carbohydrates are not being consumed, an acidosis may arise. Acidosis is a not uncommon condition arising in the course of typhoid or other slow fevers and the actute infections of children.

Children are more liable than adults to acidosis, probably because smaller things may disturb their metabolic balances. Following any slight gastro-intestinal upset, a baby may develop an acidosis which may prove fatal. In the *Journal of the American Medical Association*, of November 30, 1907, Parke, of Birmingham, reports eighteen cases of acidosis under the title "Symptom-Complex of a Series of Intestinal Cases with Pathological Findings." His cases were absolutely typical and his 66 per cent mortality was due, I believe, to the acidosis not being recognized and combated. The condition called recurrent or cyclic vomiting of children has been shown to be an acidosis, thus explaining to some extent what has long been one of the mysteries of medicine.

Acidosis often arises in the course of nephritis, liver diseases, carcinoma, anemia and similar conditions. It occurs in phosphorus poisoning, and after the withdrawal of morphin.

I have spoken of the anesthesia acidosis; here the etiological factors are probably three—the operation, the anesthetic and the temporary starvation. If vomiting should come on from any of these three factors, or from an acidosis already present because of the surgical disease, this vomiting in itself, by its enforced starvation, is sufficient to keep up or to cause an acidosis.

The treatment is simple and, in my experience, is usually effective, especially where the cause is a temporary one, as in the post-operative cases, those in children, and in the acute infectious diseases. Because the body can not oxidize these poisonous acids unless carbohydrate is being oxidized at the same time, it is well to be sure the patient gets carbohydrate in some form—probably glucose is the best—to neutralize the acids and to conserve the body alkalies, the withdrawal of which is causing symptoms, alkalies are administered, preferably sodium bicarbonate, which is given by the mouth, or rectum if necessary, and in urgent cases intravenously. The discovery of acidosis has explained why sodium bicarbonate is the best all round drug for vomiting, for so many cases of vomiting are due to a systemic acidosis.

Case 1.—The first is that of a boy of ten who had a severe case of diabetes and had been in deep coma, accompanied by air hunger for eight hours. There was 6 per cent of sugar and considerable acetone and diacetic acid in the urine. Without the necessity of any local anesthesia because of the coma, a vein was dissected out, a cannula introduced into it, and 600 c.c. of a 2 per cent solution of sodium bicarbonate run in. Before the operation was finished, he was awake, perfectly rational and felt well, and remained so for three days, when he again went into deep coma and the operation was repeated. Consciousness was returning before the operation was concluded when he began to vomit and died suddenly, the exact nature of his taking off being somewhat a mystery.

Case 2.—A girl of sixteen had been very ill with typhoid fever. She had numerous subcutaneous hemorrhages, hemorrhages from the gums and about the thirtieth day had several large bowel hemorrhages. On this account her nourishment had been very limited for several days. She became comatose, had moderate air hunger, an acetone odor to her breath, and acetone and diacetic acid were found in the urine. She was given alkalies and glucose per rectum, improved immediately and ultimately recovered.

Case 3.—A boy of five had a short operation for stone in the bladder. He vomited a few times after regaining consciousness, but his condition was good until the second day. At this time his respirations became very rapid, pulse fast and weak, and the child seemed very ill. He was thought at first to have pneumonia, but there was no fever, and no demonstrable lung signs. His breath had an odor of acetone, his urine was found to contain this and diacetic acid in considerable amounts. He was given soda and the symptoms promptly abated.

It seems to me that it is not unlikely that *some* of the symptoms of liver cirrhosis, acute yellow fever atrophy, eclampsia, pernicious vomiting of pregnancy, perhaps of alcoholic delirium and the diarrheas of infancy are due to acid intoxications. There is no doubt that acidosis is very common, and it is, I think, the duty of the medical profession to determine how often it causes serious symptoms.

A SAFE AND SANE QUARANTINE AGAINST YELLOW FEVER.*

BY

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This is a subject that engages the attention of all the people a part of the time, and comparatively few people all the time.

The medical profession, in a way, keep in touch with the latest ideas of quarantine, but few interest themselves to the fullest extent until an epidemic is threatened, or actually exists at their doors. Few conceive of the pehnomenal advancement made in methods of quarantine in the last few years. It is a long step from a "shotgun" quarantine against a whole county or city having one case of smallpox, for instance, to the modern way of a wholesale vaccination of all within the danger line, and this done by our local health authorities quietly in the everyday routine work.

One has only to look back ten years and compare the irrational and nonsensical quarantine procedures for protection against yellow fever at that time, and the practical and effective measures now in vogue. It seems incredible that not fifteen years ago a ship was often held ten to twenty days at our ports, because the ship's bill of health read "one case smallpox in Liverpool, isolated and guarded." Not less strange the fact that of very recent years ships were held from fourteen to twenty days when coming from a country infected, or a territory suspected to harbor yellow fever. Should there unfortunately have been a case aboard or a death en route nearly everything movable was taken from the ship and subjected to a most thorough steaming, if not burned, and the ship held indefinitely to the full satisfaction and fancy of the quarantine officer. Nothing so startling and beneficial has transpired in recent years as the announcement of the results of the labors of the American Yellow Fever Commission in Cuba.

That the mosquito is the one and only agent of transmission of this disease can not be gainsaid, and is no longer a matter of argument among those who have given this matter any thought or investigation. I here wish to give you a few points, not as a matter of information, but merely to refresh your memories and impress upon you the fundamental scientific principles involved, enabling you to grasp at once the reasons of the methods we employ in dealing with the quarantine against yellow fever:

1. The mosquito is the only cause.
2. The female stegomyia being the only species that transmits it.
3. The time it takes for the infection to develop in the mosquito after it has bitten the yellow fever patient before it is capable of transmitting the disease is, on an average, twelve days.
4. The patient can only transmit it to the mosquito during the first five days, the average being during first three days.
5. After the patient is bitten by the infected mosquito, the average time taken to develop the disease is three days; some rare instances have been known to develop on the fourth or even the fifth day.

There is a vast difference between quarantine by land and quarantine by water. When a Mexican can cross the Rio Grande unmolested, at most any point of the one thousand miles of the river front, it needs but a thought to realize how meager and futile are our efforts at protection. With maritime work it is different. A ship sailing from a foreign port to the United States must procure before sailing a bill of health from an American consul, countersigned by the United States Marine Hospital Surgeon, if there is one there. This document must state the number of the crew and passengers on board the ship, their physical condition; also must state the number of contagious or infectious diseases and deaths occurring from each in the port for the previous week or ten days. This ship then sails, and casting anchor in one of our ports she is boarded from two to five miles from the wharf by the quarantine officer and her bill of health scrutinized. All on board are mustered and counted to see if any are missing. Should there be any missing, and the ship hails from infected, or even suspected territory. the ship is fumigated and held five or six days from the hour of fumigation. This we do, regardless of what the ship's officers say to the contrary as to the cause of the absence of the missing person. The temperatures of all on board are also taken immediately upon arrival, and twice daily as long as the ship is held is quarantine. I wish to place special stress upon this point. Any quarantine officer who fails in this duty is criminally negligent. The thermometer is the sheet anchor of safety and the only procedure whereby one can ascertain beyond any question of a doubt the presence of yellow fever on board ships. To take the temperature of a crew of half a hundred men and as many passengers is tedious and often distasteful, but highly important and necessary. Very often you may find a case of yellow fever in a patient who is able to stand in line and muster with the crew. The lining up of the crew and passengers, counting and not taking their temperature, is a dangerous plan and begets disastrous results. No officer who has his reputation and the safety of the people at heart will omit this great aid and ofttimes only absolute certainty of diagnosis.

Any suspicious case being on board upon arrival, or occurring afterwards, is immediately taken off the ship to the quarantine station, placed under a bar and in a screened room. The ship is fumigated with two pounds of sulphur to every 1000 cubic feet of space; this burned for two hours in an iron pot placed in another containing a small amount of water, which is evaporated, creating a moist sulphur fume, which is more potent and deadly to mosquito life than the dry fume.

Formaldehyde, though efficient as a germicide, is worthless in mosquito destruction. The burning of pyrethrum powder only stuns the mosquito temporarily, and in using this the floors must always be swept and the stunned mosquitoes destroyed or they will revive.

When a case of yellow fever is diagnosed on board a

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ship, and removed and ship properly fumigated, she is held full six days, and if no other developments of the disease appear, the ship is given pratique and allowed to proceed to the wharf. Should a case develop within the six days it is immediately removed, and the same process of fumigation repeated and the ship is held another six days.

Under the old method yellow fever cases, as a rule, were not removed from the ship and you could always expect new cases every three days, as the infected mosquito was still aboard and unmolested. If new cases occur after the fourth or fifth day following your fumigation, it is evident that your efforts at mosquito destruction were not a success and there were still infected mosquitoes remaining aboard.

With these undeniable facts before us, you can see how it would be possible, by destroying all yellow fever mosquitoes, to make a community or city a place of perfect safety from the dreaded malady. And, again, should a case occur in our midst and be found early, the patient screened and mosquitoes destroyed, matters would be simplified and no end of trouble, expense, suffering and death obviated.

The shipping world at large recognizes the mosquito theory of the disease and prior to sailing from infected or suspicious territory apply to the health authorities for fumigation. Such ships arriving in our ports with no sickness on board are credited on their five days' quarantine from date of sailing and held the balance of the five days only. For instance, ships sailing from Cuba, Mexico, Central or South America having been fumigated before leaving, and arriving in a Texas port with no sickness on board are only held a balance of five days from date of sailing. This course is pursued upon the theory that all infected mosquitoes were killed by the fumigation prior to the sailing, which in nearly all instances is the case. Ships not having been reliably fumigated at port of departure, arriving from infected or suspected territory, being over ten days en route, we fumigate and hold five full days from date of fumigation, for fear that a mild case of yellow fever may have occurred on the vessel and the patient recovered after having infected mosquitoes aboard. These regulations may be varied from time to time, but should be always upon the safe side. Every State managing her own quarantine may make her regulations much stronger than the United States marine regulations, but at no time must she make them less stringent.

Unfortunately, our own people are inclined to give little attention to preventive medicine, but are the first to become frantic and hysterical when an epidemic of any disease makes itself manifest. The citizen whom you prosecute for failure to screen his cistern is, as a rule, the first to procure his firearms and sit all night at the State or county border waiting to intercept some one fleeing from an epidemic; when if one-tenth of his and his neighbors' energies had been expended around his premises along the lines of preventive medicine he would have no cause to worry.

For two years there has been no yellow fever originating in Panama. Cuba, under Federal rule, was clear of fever for the first time in the island's history. After the reins of government were given over to her own people she kept up her general sanitary cleaning as to alleys, streets and yards, but became lax on mosquito extermination, which accounts for the presence of the fever existing there until recently. I visited Cuba about a year ago and her streets, alleys and yar were scrupulously clean; in fact, so much cleaner tha our Texas cities the comparison was painful, yet fev existed there. I saw few screened cisterns, however.

Mexico is doing some first-class sanitary work, doin a little all the time and gradually instilling in th minds of the general population the realization of th benefits of the preventive measures at home and abroa At no distant day we need not be surprised to find ou sister republic quarantining against us. This may ap pear to you as idle talk, but those of us who hav visited Mexico in the last twelve months can testif that they are abreast of us in sanitary work.

Education along these lines should begin in the home the school rooms, churches, clubs, societies and, if neces sary, in the courts of our country. The medical pro fession can be a powerful influence, and if you wil broach this subject to your clientele you will be sur prised at the interest taken in health matters generally The press should be enlisted—it can always be relie on to endorse all innovations for the good of the publi health.

The health officials—both local, State and national— and the medical profession must bear the brunt of th burden when these epidemics occur. Since this is a fact, it certainly is a wise policy to advocate these measures in season and out of season among the people, and assist in enforcing all health laws.

The remuneration of the health officer is often little or nothing. There should be a united effort of the medical profession to amend this.

The lawmaker is in a position to do untold good. An effort to interest him is worth the trial. Our legislators make the laws, and it is our duty to inform them on scientific health matters that we may help to secure as well as to enforce proper health legislation.

INTESTINAL OBSTRUCTIONS.*

BY

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Intestinal obstruction is not infrequent. Excluding hernia and malignant diseases of the bowels, it is estimated that it causes one death in from every three to five hundred. It is, therefore, not improbable that it will be encountered, not once but often, by every physician of extensive experience. There are no conditions that can confront us of more importance, or any that imperil life, or that demand, if life is to be saved, clearer judgment and quicker action. Every hour that an obstruction of the bowel remains unrelieved adds to the danger, and, if allowed to continue, must inevitably end fatally.

Intestinal obstructions may begin acutely, and without pre-existing disease, or they may develop on some chronic lesion. The causes may be a volvulus or intussusception, inflammatory exudate, ulceration, malignant or benign growth, enteroliths, foreign bodies, gall stones, worms, simple adhesion with flexion of the bowel, or adhesion as in salpingitis or appendicitis, or hernia and malformations.

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It is immaterial what causes the obstructions, the indications for overcoming them are just the same. Symptoms of obstruction supervening on cases that give a history of previous enteric trouble, would naturally lead one to suspect the cause. Not infrequently no complaint is made of disease of the bowels, and yet on opening the abdomen conditions may be found that were never suspected to exist.

Symptoms.—The cardinal symptoms of intestinal obstruction are pain, vomiting, obstipation, and distension. The first and most urgent symptom is pain. It comes on suddenly and in violent paroxysms. It matters not how stoical the patient may be, the pain is so severe that it can not be withstood without complaint, and the patient is forced to take to bed. It sometimes happens, especially in the early hours of the disease, that a semblance to stoicism may be practiced in order to avoid, if possible, an operation. I have seen this more than once, especially in appendicitis, where every symptom pointed to the disease, and yet pressure over the appendix would not elicit an acknowledgment that it caused pain, notwithstanding that an operation would demonstrate an almost gangrenous appendix. The patients have confessed, however, after the operation, that pressure over the appendix had caused pain, but that no complaint was made in order to escape, if possible, surgical interference. Too much reliance should not be placed on the denial of pain as a symptom in abdominal diseases. Pain may be diffused over the entire abdomen as when peritonitis begins, or it may be localized. As the case progresses, the pain is so severe that patients beg for relief, and often it is the physician who refuses to give it by the only rational means that can be employed either in desperate or doubtful cases—namely, by exploration. Vomiting usually begins early. At first the vomited matter consists of the contents of the stomach, and it is sometimes, but not necessarily, stercoraceous. The vomiting may or may not be persistent, but, as a rule, it is always present. Distension of the bowels usually begins shortly after the onset of the pain and vomiting, but it may not begin for two or three days after the pain, vomiting and obstipation. It should not be awaited in order to complete the chain of symptoms, because too much time may be lost. It is a most important symptom, and foretells that unless relief is obtained a fatal peritonitis will soon follow. Obstipation is complete, though flatus and feces may pass through the bowel below the stricture in the early hours of acute obstruction and thus give rise to error. After one or two evacuations of this kind nothing whatever will pass by rectum. It would seem that with such constant and well-defined symptoms a diagnosis could be easily made, but this can not always be done. In the first hours acute obstructions present only signs of stoppage, pain, distension, vomiting, obstipation, with, perhaps, symptoms pointing towards the causative lesion. When peritonitis develops it is accompanied by marked constitutional signs—rise of pulse and temperature. The opportunity for a close distinction between peritonitis and obstruction seldom arises until the signs of both are obscured by an excessive distension. The chief symptoms of peritonitis and obstruction are almost identieal. One is to be considered fortunate, indeed, if he sees a case of obstruction from its incipiency. If he is called after hours have passed he is often confronted, in addition to the difficulties which naturally exist in forming an opinion, with some of the symptoms so masked by opiates, and with statements often misleading as to the movements of the bowels and the passing of the flatus, so that it greatly increases the difficulties of arriving at an intelligent conclusion. In dealing with cases in which doubt exists, it should be the rule that if, after a rational medical treatment, the symptoms of obstruction are not relieved, an exploration should be made without unnecessary delay. Opening the abdomen with proper precautions is attended with so little danger that it is justifiable to do it in every case of abdominal trouble of an obscure nature that might seem to be amenable to surgical treatment. The danger of exploration can in nowise be compared to that consequent on delay—waiting for some beneficial results from medical treatment which is often more harmful than beneficial.

To illustrate the wisdom of interfering in cases that would be otherwise doomed, I beg to submit brief histories of the following cases:

Case 1.—Mrs. L., age about 50, had suffered from repeated attacks of gall-stone colic. I attended her in several of the attaeks. Operation was refused. Two years after the last attack I was ealled to Laredo, Texas, to see her. She was suffering with symptoms of intestinal obstruction. Her condition was very bad. The symptoms of obstruction had existed about four days before I operated on her. On opening the abdomen a pretty general peritonitis was found; several feet of jejunum were port wine color. About the middle of the jejunal mass there was an obstruetion from a foreign body which completely closed the lumen. I opened the intestine and removed what proved to be a gall stone about the size of an English walnut. The opening was sutured and the abdomen closed. She left the table in bad condition, and died eight hours after the operation. The operation was performed at night in a private house.

Case 2.—An Italian male, age 21, occupation laborer, was admitted into the San Antonio City Hospital in May, 1902. His features and expression were feminine. He gave a history of having a strangulated right inguinal hernia of about six days' standing. His temperature was 102, pulse 130. There was severe pain and distension. I operated on him immediately. On opening the sac, I found that it contained a mass of gangrenous ileum. The incision was extended into the abdomen about two inches, and through this opening all of the gangrenous intestine was pulled out, and reseeted. An end to end anastomosis was made, the Murphy button being used. The resected intestine measured thirty-two inches. In the canal a small, almost rudimentary testicle was found. The hernia was evidently congenital. The testiele was removed and the usual hernial closure made. The left testicle was examined and found to be in the scrotum, but somewhat larger than normal, and evidently diseased. The patient made a good recovery. The button was passed on the fourteenth day, after which time he was up and about. About six weeks after the operation he began having fever, his temperature ranging from 101 to 102 degrees, and about the same time the left testiele began enlarging. Prolonged treatment failing to combat the temperature or stay the enlargement, I thought the nature of the trouble tuberculous and the eause of the fever. Under the circumstances I thought it would be justifiable to perform castration. Upon removal of the testicle it proved to be sarcomatous instead of tuberculous. The disease reproduced itself on the stump of the cord in about two weeks, and shortly afterwards the retro-peritoneal glands became involved, and a large tumor developed in the abdomen. He died about six months from the time of the first operation. Postmortem examination revealed a large tumor which had pushed the left kidney up quite a distance from its normal site. It did not form a part of the tumor, but was adhered to it. The descending colon was looped over the anterior surface of the tumor and to which it was intimately adherent. When removed the tumor weighed about four and a half pounds, and proved to be sarcoma of the retro-peritoneal glands.

The anastomosed intestine was interesting to study. The lumen was slightly decreased. The proximal part of the intestine was at least three times thicker than the distal portion, and this difference in thickness extended for at least a

foot. The difference in the thickness of the two portions was probably due to the increased demand that was made on the proximal part in forcing the intestinal stream through the slightly narrowed lumen.

Case 3.—Female, age about twenty-two, single, was admitted into the San Antonio City Hospital at 8 p. m., June 5, 1902. Her previous health had not been good. She gave a history of having been seized suddenly that same morning with paroxysmal intestinal pains, vomiting and obstipation. The case was attended by Dr. A. D. Du Puy, of San Antonio, who recognized the serious nature of her trouble. I saw her about 9 o'clock the same night, and found her suffering severe pain, slight distension and vomiting, temperature 100 degrees, pulse 120. No time was lost in opening the abdomen—an hour from the time that I first saw her. The intestines were found congested. A coil of the ileum was firmly adherent to the right Fallopian tube, which was diseased. The intestine was detached, and the tube removed. The patient made an uneventful recovery, and left the hospital twelve days after the operation.

Case 4.—This case occurred in the practice of Dr. S. Burg, of San Antonio, in which I assisted him, and report it with his consent. A Mexican about thirty years of age, laborer, was admitted into the San Antonio City Hospital with an obstruction from a strangulated right inguinal hernia, which had become serotal and large. The incarceration was of six days' standing. His condition was very bad. On opening the hernial sac it was found to contain the cecum, including the appendix. Dr. Burg resected the entire cecum, and ten inches of ileum, removed the testicle and scrotum and anastomosed the ileum to the ascending colon, stitching the ends with a double row of Lembert's sutures. The patient made a splendid recovery, and died two years later of pulmonary tuberculosis.

Case 5.—This is one of interest because of its unusual complications, and also demonstrating how difficult it is sometimes to interpret correctly the salient symptoms of obstruction. Mrs. H., age 52, married, one child living, husband living. She was frail and delicate; had never had good health, and had suffered several years previously, with symptoms of spinal irritation. She was seized on the morning of November 21, 1907, with severe pain in the abdomen and vomiting. She was attended by Dr. J. H. Moore, of San Antonio. I was called to see her with Dr. Moore, at 6 p. m. that same day. Her temperature was 98½ degrees, pulse 76; no distension; suffering paroxysmal pains; was nauseated and was vomiting. Pressure caused pain in the right iliac fossa. Digital vaginal examination caused severe pain in the Fallopian region, but bimanual palpation could discover no mass and no pain in the left Fallopian region. Purgatives and also copious enemas had failed to produce a movement of the bowels. She was sent to the Hospital at 9 p. m. November 21st. Her record shows the following: Temperature 98 6-10, pulse 112, respiration 22; resting easy; vomited green fluid five ounces; hot vaginal douche, return bloody. November 22nd, 12 a. m.; temperature 98, pulse 114, respiration 20; vomited; small liquid stool. 1 a. m.; morphin ⅓ hypodermically. 2 a. m.: vaginal douche, return bloody. 4 a. m.: morphin ⅓ hypodermically. 6 a. m.: temperature 99, pulse 114, respiration 24; vaginal douche, return bloody. Very restless night. Vomiting green fluid. Urine five ounces. 8 a. m.: suffering; hot applications to abdomen. 9:20 a. m.: suffering, morphin ⅓ hypodermically; vaginal douche, return clear. 11 a. m., sleeping. 11:20 a. m., suffering; sup. morph. ¼. 12 m.: temperature 99, pulse 120. 6 p. m.: temperature 100, pulse 116, irregular. From 9 a. m. to 9 p. m., took twenty-four ozs. fluid nourishment. No vomiting.

November 23rd—12 a. m.: Temperature 98.8, pulse 112, respiration 24. 10:30 a. m.: Enema mag. sulph. 1 oz., gly. ½ oz., turp., 2 dr., water 6 oz. Enema expelled with some fecal matter and a great deal of flatus. At 10 o'clock a. m. I found her worse. There was a beginning distension of the bowels and increased tenderness over the abdomen. The signs pointed to an intestinal obstruction, the exact nature of which was not clear. I proposed an exploratory laparotomy to which she readily consented.

On opening the abdomen at 3:30 p. m. the small intestines were found considerably congested and distended. Near the pelvic cavity they were collapsed. Tracing from the collapsed portion upward, I found a knuckle of the ileum about six inches above the pubic bone and slightly to the right of the median line, acutely bent and slightly bound by adhesions. The adhesions were easily overcome. The collapsed portion of the intestines below the obstruction began to distend as soon as the obstruction was overcome, and the strangulated part to regain its color. The tubes and ovaries were normal. The appendix was not looked for. The abdomen was closed by layers. The patient was returned to her room at 4:30 p. m. It was impossible to count the pulse on account of its irregularity—indeed, it was thought doubtful whether she would survive the operation; it looked as if her heart would not hold out. She rested well all that night.

November 25th—9 a. m.: Temperature 99.4, pulse impossible to count, respiration 28. 6 p. m.: Temperature 99.4, pulse impossible to count, respiration 24. Bowels moved four times during the day. Strych. 1-40, digitalin 1-60, hypodermically every four hours. Slept a good deal during the day, resting comfortably; no pain; stomach quiet.

November 26th—9 a. m.: Temperature 98.4, pulse still irregular, respiration 20. Had a comfortable night. 6 p. m.: Temperature 98.4, pulse irregular, respiration 20. Digitalin and strychnin continued.

November 27th—9 a. m.: Temperature 99.4, pulse still impossible to count, respiration 26; bowels moving about every six hours; slept well during the night. 6 p. m.: Temperature 99.4, pulse irregular, respiration 20; strychnin and digitalin continued; resting comfortably, taking liquid nourishment with relish every three hours.

November 28th—9 a. m.: Temperature 98.4, pulse still irregular, respiration 22. 6 p. m.: Temperature 99.4, pulse same, respiration 20.

November 29th—9 a. m.: Temperature 99, pulse same, respiration 24. 6 p. m.: Temperature 99.2, respiration 24.

November 30th—9 a. m.: Temperature 99, pulse same, respiration 24. 6 p. m.: Temperature 98.6, respiration 24. 11:30 p. m.: Seized with severe muscular cramps in lower limbs below knees, strychnin discontinued, morph. gr. ⅓ hypodermically P. R. N.

December 1st—9 a. m.: Temperature 98.2, pulse same, respiration 20. 6 p. m.: Temperature 100.2, pulse same, respiration 20; digitalin discontinued and strychnin given every six hours. Dressing changed and a low grade stitch abscess opened containing about a dram of fluid.

December 2nd—9 a. m.: Temperature 99, pulse same, respiration 24. 10 a. m., bleeding from the nose lasted for half an hour. 3 p. m., epistaxis returned, lasted half hour, vomited several times during the day. 6 p. m.: Temperature 100.2, pulse impossible to count, respiration 22. Complained of severe pain in abdomen. Incision opened to full extent to the facia, wound washed and packed.

December 3rd—Continued suffering cramps in the muscles of the lower limbs from November 30th. Strychnin resumed on account of the heart, as it was evidently not the cause of the cramps. 9 a. m.: Temperature 100, pulse same, respiration 24. 6 p. m.: Temperature 100.4, pulse same, respiration 26. Not suffering pain in the lower extremities.

December 4th—9 a. m.: Temperature 100.4, pulse 112, respiration 20. Pulse had lost its intermittency, and it was possible, for the first time since the operation, to count it.

December 5th—3 p. m.: Profuse epistaxis, adrenalin injected into nasal cavities, arrested bleeding in half hour. 6 p. m.: Temperature 101, pulse 112, respiration 26.

December 6th—9 a. m.: Temperature 101, pulse 108, respiration 24.

December 7th—9 a. m.: Temperature 100, pulse 104, respiration 24. 6 p. m.: Temperature 100.3, pulse 108, respiration 24. Comfortable day. Wound looks better.

December 8th—9 a. m.: Temperature 99, pulse 92, respiration 26. 6 p. m.: Temperature 100, pulse 98, respiration 26. No pain in limbs. Slight epistaxis.

December 9th—9 a. m.: Temperature 99.6, pulse 104, respiration 24. Slept well during the night. 6 p. m.: Temperature 99.4, pulse 104, respiration 24.

December 10th—9 a. m.: Temperature 99, pulse 112, respiration, 24. 6 p. m.: Temperature 99.4, pulse 112, respiration 24.

December 11th—9 a. m.: Temperature 98.4, pulse 104,

respiration 22. 6 p. m.: Temperature 98.4, pulse 124, respiration 22.

From this time on she continued to improve. Temperature remained normal, pulse regular and slower, from 90 to 94, wound healed. Appetite good. Pain in lower limbs subsided, and she was discharged from the hospital on December 20, 1907.

On December 21st she was seized with intense pain in the right lower limb below the knee. I was called to see her on December 22nd. I found the foot cold, toes purple, no pulsation in the posterior tibial artery. There was unquestionably an arterial thrombus. Seven days from the date of seizure, gangrene of the foot and leg was complete, extending to the lower third below the knee with no line of demarcation. Amputation of the leg was considered the only chance of saving her life. On December 30th, the limb was amputated at the lower third of the thigh. She rallied from the shock. The flaps united by first intention. There were two or three small marginal gangrenous spots which were eliminated. Her pulse again became irregular, and continued so. She was discharged from the hospital on the 14th of January, 1908. At 6 a. m. on the morning she was to leave the hospital, her husband was taken suddenly ill with acute edema of the lungs and died in about an hour. The sad news was kept from her, as she had to travel five miles to her home. She was happy notwithstanding the unfortunate condition in which she had been left and looked forward to her homecoming with joy. The sad news was broken to her after she reached home. She survived the shock. About thirty days afterwards she was seized with intense pain in the stump, and died in forty-eight hours from shock and exhaustion. I have never encountered a sadder or more desperate case, nor seen such resisting powers in so frail an individual. Her weight did not exceed ninety pounds.

As to the cause of the thromboses: In the first place, the heart was weak; second, there was a toxemia from the obstruction, and the stitch abscess caused a mild infection, which, under ordinary conditions would have been eliminated without serious consequences. In this delicate person the toxins were sufficiently potent to act on the nervous system, especially the sympathetic, causing derangement of the heart and insufficient innervation of the blood vessels, which, with the weakened circulation and the broken down condition of the blood, favored embolic and thrombotic formation. The second seizure of pain in the stump meant the plugging of the femoral artery higher. It was a typical case of marantic thrombus.

Case 6.—Male, age about 36, occupation farmer, was taken suddenly ill on the morning of November 25th, 1907, with pain in the abdomen, vomiting and obstipation. On November 27th, he was brought to San Antonio from Floresville, about thirty miles distant, by Dr. John V. Blake, of that city, arriving at 7:30 p. m.; temperature 99, pulse 100. Pain over the entire abdomen and some distension. Pain no greater on pressure over one spot than over another. Diagnosis, obstruction of the bowels. A laparotomy was performed that same night at 9 p. m. On opening the abdomen the intestines were found to be very much congested. About two-thirds of the small intestines were distended, and the lower third of them were collapsed. Beginning at the collapsed part they were traced upward until the obstruction was found, which proved to be a volvulus of the ileum. The intestine was untwisted and the collapsed portion began to distend. The darkly discolored intestines began to show signs of returning circulation. The patient made an uninterrupted recovery. The bowels moved without interference within twenty-four hours after the operation.

Case 7.—Female, age 35, married, previous health fair. Suffered occasional attacks of pain in the abdomen, and also menorrhagia. She was taken sick on the 10th of December, 1907, with colicky pains in the abdomen, but continued working. She skated a good deal on the night of the 11th while still suffering. On the night of the 12th a physician was called on account of her suffering, and administered morphin hypodermically. On the morning of the 13th, she walked to her place of business about a half mile, but was unable to be up and was taken home in a hack about 11 a. m. I was called in consultation to see her at 1 p. m. I found her with a temperature of 103, pulse 130, respiration 30. The abdomen was greatly distended, and was very painful to the touch. There was vomiting and constipation. She presented a typical picture of acute general peritonitis. I operated at 3 p. m. On opening the abdomen the intestines were found to be enormously distended. There was a general peritonitis, with quantities of lymph exudate over the intestines. The obstruction was found to be caused by a twist of the mesentery at its root which had caught a coil of the ileum and incarcerated it. It was necessary to take all of the intestines out of the abdomen in order to find the obstruction and deal with it. As soon as the incarcerated intestine was released by untwisting the mesentery, the collapsed portions of the intestines began to distend. Nowhere was the entire colon less than eight inches in circumference, so great was the distension. It was impossible to return the intestines into the abdominal cavity until an opening was made in the colon. The intestines collapsed afterwards, but even then were returned with difficulty. The opening was sutured with a double row of sutures. The appendix was found enlarged and acutely inflamed and was removed. The color of the intestines began improving. The wound was closed in layers. Twelve hours after the operation pulse was 100, temperature 100, respiration 24, bowels had moved.

December 14th—9 a. m.: Pulse 120, temperature 101.8, respiration 22. 9 p. m.: Pulse 120, temperature 103, respiration 22.

December 15th—9 a. m.: Pulse 122, temperature 104, respiration 24. 9 p. m.: Pulse 122, temperature 102.6, respiration 24.

December 16th—9 a. m.: Pulse 124, temperature 103, respiration 30. 9 p. m.: Pulse 120, temperature 102, respiration 22. Had taken three grains of calomel during the day, and bowels moved freely.

December 17th—9 a. m.: Pulse 100, temperature 99.4, respiration 24. 9 p. m.: Pulse 92, temperature 98.4, respiration 26.

The wound was found infected and entirely opened to the peritoneum, which alone covered the intestines. From this time on the wound was dressed twice daily. Her temperature continued normal and her general condition improved. The wound healed by granulation, the surfaces being brought together by adhesive straps. She was discharged from the hospital just thirty days from date of operation. She is now enjoying good health, and says that she is feeling better than she has in years.

I believe that the starting point in this case was an appendicitis, and that it excited violent intestinal and mesenteric contractions, which caused the mesentery to twist and incarcerate a coil of the ileum. It is not improbable that had the appendicitis been recognized and promptly dealt with the obstruction would not have resulted.

Case 8.—Occurred in the practice of Dr. F. M. Hicks, of San Antonio, in which I assisted him. He kindly consented to my reporting it.

Female, age 42, widow, mother of one child, previous health not good. Had suffered for six months previous with frequent, painful and at times difficult movement of the bowels. They were frequently dysenteric in character. She was brought from Cotulla, Texas, with the history of a tumor having protruded from the anus during an evacuation, which caused pain in the abdomen and also in the protruding part. The tumor was returned into the rectum. A digital and proctoscopic examination failed to reveal an abnormality. She was kept under observation and as nothing of importance manifested itself during that time she was returned home. About thirty days afterwards she was brought to the P. and S. Hospital, and Dr. Hicks called. The tumor had reappeared during an evacuation, protruding out of the anus, and was plainly visible. A small portion of it was removed for microscopical examination. It was pronounced to be an adeno-carcinoma. It was clear that the tumor was not of the rectum but from the colon, and that a complete invagination of the intestine occurred passing through the rectum whenever the tumor appeared, thus causing an acute obstruction of the bowel by invagination. The invaginated portion could be reduced with difficulty, but would occur frequently, requiring its reduction each time and this without delay. After consultation, Dr. Hicks decided to resect the intestine and remove the tumor. A laparotomy was performed, and the tumor easily found. It was located above the sigmoid

flexure, and fully twelve inches or more from the anus. The intestine was resected a liberal distance on each side of the tumor, and an end to end anastomosis made by suturing. The patient, now three weeks after the operation, is in splendid condition and free from immediate danger.

It will be seen from the study of these cases that the symptoms do not indicate the conditions that exist in intestinal obstructions. Opening the abdomen is the only way to ascertain this, and when this is done the question of what to do in a given case puts to the test the surgeon's experience and judgment. The most difficult point to decide is when to resect, or when to return intestines into the abdomen and trust to the re-establishment of nutrition. The well-established rule of applying hot fomentations and watching its effect upon the circulation, is a good one to follow, but if time is an element, and there is the slightest doubt that the intestines may become gangrenous, there should be no hesitaney or delay in making an end-to-end or a lateral anastomosis, as the case may demand. It is far better to resect in every doubtful case than to make the fatal mistake of returning a gangrenous intestine, with its inevitable consequences, thus sealing, in truth, the patient's doom. The surgeon should be prepared, in operating for intestinal obstructions, to reduce an invagination, cut a band, untwist a volvulus, resect the intestine and make an end-to-end or a lateral anastomosis, form an artificial anus, or do an enteroplasty, or enterostomy. The mortality from operations for acute intestinal obstruction, according to Senn, is about 58 per cent. If the operation is done early, the mortality should not be so great. It can not be impressed too forcibly upon our minds that the danger is in delaying, and in aggravating the conditions by the use of purgatives and enemata.

In the after treatment of operations for intestinal obstructions, I do not use purgatives or enemata too soon. After laparotomy the bowels should have rest and should not be stimulated to abnormal peristalsis.

Possibly the cases that I have cited were as desperate as is usually encountered in intestinal obstructions. Indeed, it is hard to eonceive that one should ever expect to find other than desperate conditions in intestinal obstructions.

DISCUSSION.

Dr. J. E. Thompson, Galveston: The subject is a vast one It is important to make an early diagnosis which is often very difficult. Many cases of acute appendicitis resemble intestinal obstruction. Most abdominal crises give rise to early symptoms of this condition. A diagnosis requires close observation and often requires an exploratory incision. Mortality is very high in hospital work—about 50 per cent. Results depend upon the education and moral eourage of the doctor. The question of incision is important, with a history of previous peritonitis a seission should be quickly made. In the large majority of cases the incision is best made in the right iliac region just large enough to admit two fingers. The intestines are hard to handle on account of distension. Distension of the bowels should always be relieved before replaeing them. In moribund eases the patient should have enterostomy under local anesthesia in the bed without disturbance.

Dr. Belle C. Eskridge, Houston, advised in cases where the general practitioner is away from the surgeon; that strangulated hernia be opened to relieve the obstruction. This is usually safe after six hours, as adhesions are formed and it is a simple operation.

Dr. Bacon Saunders, Fort Worth: Next to an eary diagnosis of intestinal obstruetion is a prompt resort to operative treatment. This must not only relieve obstruetion but should at the same time thoroughly empty the bowel. The majority of these cases do not die from the obstruction *per se*, but as a result of the intense toxemia from absorption of the exceedingly poisonous intestinal contents.

Dr. W. R. Blalock, Dallas: Dr. Pasehal has gone over the ground of intestinal obstruction very thoroughly, but has failed to mention one cause of obstruetion which is sometimes met with: I refer to Meckel's diverticulum. I saw a case of this kind in which every expedient failed to clear the bowel. At operation a loop of the bowel was found bound by this diverticulum. After the bowel was freed, copious actions followed, but the patient died on the third day. I have often thought had I opened the bowel and evacuated the fecal contents directly and quickly, it would have been better, as no doubt the patient died from autointoxication.

THE CLOSURE OF SEPTAL PERFORATIONS.*

BY

W. R. THOMPSON, M. D.,
FORT WORTH, TEXAS.

The nasal septum, especially the cartilaginous portion, furnishes new territory for surgical work by the rhinologist. The feasibility of closing some of the perforations found in the cartilaginous septum is apparent when its anatomy is considered. A structure composed of two layers of mucous membrane, rather thick in character, and one of cartilage, all of which can by a dissecting process be easily separated, offers to the skilled operator a field for operation in which it is possible to bring in apposition the liberated mucous membrane in such a manner as to secure union, thus closing, with mucous membrane only, an unnatural and disagreeable opening in the septum.

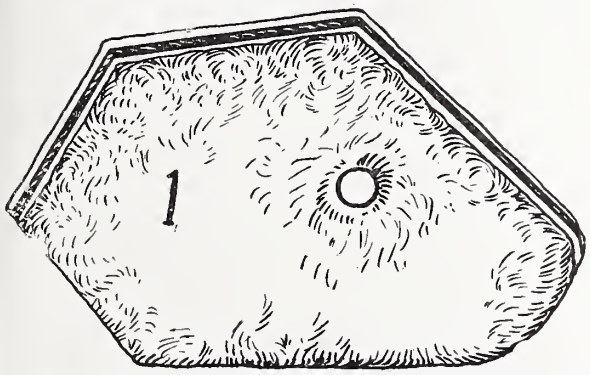
The necessity for such a procedure became apparent to me some months ago when a patient who had consulted me regarding a nasal trouble, the origin of which was not associated with the septum, remarked that he had a hole in the partition of his nose that worried him greatly, but he knew, or had been repeatedly told, nothing could be done for it. He said it troubled him by causing such a peculiar noise while breathing that he was forced to keep it plugged with small pledgets of cotton. This I know to be a fact, as I often removed them while giving him treatment. This patient proved to be exceedingly reasonable and intelligent. We repeatedly discussed this condition and finally he decided he would become the subject for experiment if I would operate.

The recent, though popular, operation of submucous resection, which I have repeatedly done to my entire satisfaction assisted me in solving this problem. To those who are familiar with this process it is only necessary to explain a few additional steps to convince them of the simplicity of this necessarily very delicate operation.

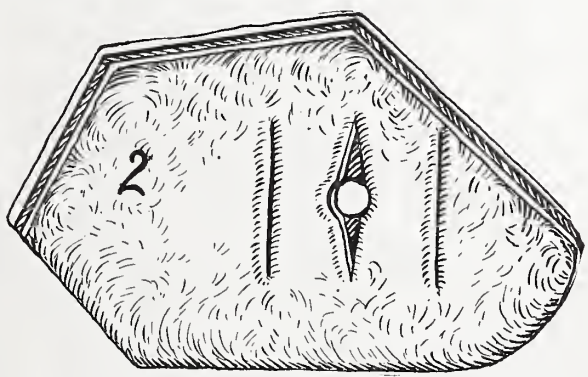
In order to make the subject more easily compre-

*Read before the Section on Ophthalmology, Rhinology, Otology and Laryngology, State Medical Association of Texas, Corpus Christi, May 13, 1908.

hended, I have prepared three natural sized septum nasi, using cardboard for cartilage and chamois skin for mucous membrane. No. 1 simply shows the hole in the septum. No. 2 shows the elevation of mucous membrane, an anterior, perpendicular, primary incision through the mucous membrane, a posterior, perpendicular, relaxation incision through the mucous membrane, and the hole in the mucous membrane with an "A" and "V" shaped piece removed from its upper and lower borders to facilitate approximation. No. 3 shows the approximated mucous membrane held in position by

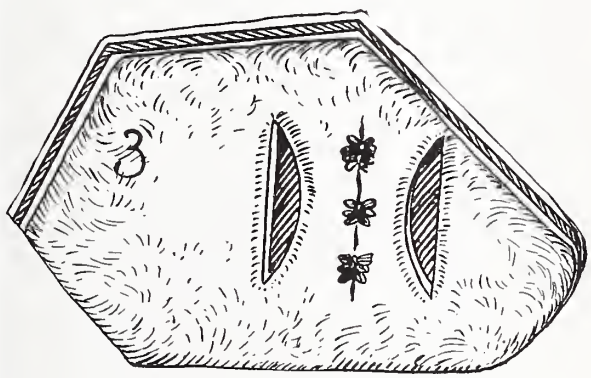


three sutures. The elevation of the mucous membrane is made in the same manner and with the same instruments as in submucous resections. The locations of the perpendicular cuts through the mucous membrane should be as far from the perforation as the surfaces will permit; the posterior one being made before or after the membrane has been elevated. If care and gentleness is observed and the membrane not extensively lacerated there will be a flap of mucous membrane, in which the hole is situated, almost as large as the cartilaginous septum. Indeed, if necessary, it may extend back over a portion of the bony septum. In order to remove the "A" and "V" shape pieces from the upper



and lower borders of the perforation, it is best to have a smooth piece of hard wood shaped so it will pass between the flap and the cartilage, thus giving a solid cutting board, as well as to render the flap more or less tense. Some further assistance can be rendered by firm pressure on the opposite side of the nose. As it is with some difficulty that these pieces are removed, it is better, instead of making an up and down sweep with the transverse knife after it is placed in position, to use a rolling motion, similar to that of a one-handed person cutting steak. The introduction of the sutures is the most difficult part of the operation, but with the proper needle it can be easily accomplished. A needle is best shaped similar to that for a cleft palate, only it should be round, with a small eye one-sixteenth of an inch from the point, and the right angle portion five-sixteenths of an inch in length. The needle is threaded with small sized nine-day catgut, say twelve to eighteen inches in length. With a pair of small forceps the flap first to be pierced is gently grasped at a point near where the needle is to be inserted, allowing always as much tissue as possible between the needle and edge of the flap, and the needle passed through the opening in the cartilage from the opposite side.

The number of sutures will depend upon the size of the opening, after it is made ready for approximation. If three are required, an effort should be made to insert one above, one below, and one near the center of the opening. As the needle pierces the membrane the catgut will be seen, which should be grasped with the forceps and withdrawn from the needle. The needle is then withdrawn and threaded with the other end of the catgut and passed through the opposite flap in the same manner. Thus we have three sutures ready to tie. They are of sufficient length to allow the operator to use his judgment about how the tying should be done.



Some packing with gauze in order that the flap may be pressed against the cartilage is necessary. This is better done by first inserting a long nasal speculum, which insures against displacing the flap backward.

I feel that the following conclusions can reasonably be drawn from this operation:

1. It is a feasible and warrantable procedure and, where successfully done, will add greatly to the comfort of the patient.

2. My experience is too limited to allow me to say whether it will prove universally successful, regarding primary union as well as to its permanency.

3. An operation can be performed on both sides if necessary to effect a cure.

4. As only one side of the mucous membrane is molested, and the cartilage not at all, no enlargement of the opening will take place in case of failure to unite.

The Bankers' Reserve Life Insurance Company is upon our list of $3.00 companies. Its agents in Texas are saying that they are glad to pay a $5.00 fee in Texas because the doctors demand it. There is no reason why any one need accept a lower fee, except that county societies are not bold enough to request a better one. It is secured in every community where doctors have the enterprise to go after it. How about your county?

CHAIRMAN'S ADDRESS.*

BY

R. W. KNOX, M. D.,
HOUSTON, TEXAS.

Gentlemen of the Surgical Section and Visitors, as our program is long, my address will be short. I wish, however, to thank the President of our Association for the distinguished honor of presiding over the Surgical Section at this meeting. When we consider that we have a very big section, in a big Association, in the biggest State in the biggest Union, I have cause for much congratulation. I would not be specially complimented if the size of our program was its only recommendation, but we have every reason to believe from the names of the men who have written papers, that the size of the program will be greatly exceeded by its scientifie value.

It is now nearly a quarter of a century since I became a member of the Texas State Medical Association, and during this long period of time have seen many changes in the material and physical development of our State. We have made progress in all the arts and sciences. Our broad acres are being rapidly peopled with an enlightened citizenship, and the products of our farms supply the needs of other countries besides our own. Cities are springing up as if by magic, and our institutions of learning are rivaling those of the older States. We have every variety of soil and climate, and our health resorts bid fair to equal those of Rivera. We are now being entertained by a city whose dry coast climate has hardly an equal on the American continent, and whose balmy sea breezes and perpetual sunshine extend the hand of welcome to the less favored sections. Yet with all our progress along other lines, and it has been truly marvelous, it pales to insignificance in real value when compared with the advance made in the art surgical.

It is only necessary to compare the surgery of twenty-five years ago, or even a much later period, with that of the present. We had good men in those days, who with the lights before them, did a great work for humanity. But, gentlemen, we of today have the good fortune of being able to see the dawn of a most brilliant day in our profession. Improved methods, new discoveries, better facilities and technique have largely decreased the mortality in all of our most important operations, until we begin to speculate upon the influence or surgery upon the longevity of the human race when good surgery will have become universal.

With increased facilities for transportation, our surgeons are not only constantly gaining knowledge from our own excellent schools, but are seeking aid and inviting comparison with the best that Europe affords.

It is my good fortune to present you today with a program compiled by some of our most distinguished Texas surgeons, and I feel sure that you will not only be highly entertained, but gain much profit by this meeting.

*Delivered before the Section on Surgery, State Medical Association, Corpus Christi, May 13, 1908.

SPLENIC ANEMIA—WITH REPORT OF A CASE.*

BY

M. J. BLIEM, M. D.,
SAN ANTONIO, TEXAS.

This disease has attracted the attention of the medical profession chiefly during the past five years, though cases had been reported long before. The first case reported under this name was one in Griessinger's clinic in 1866, the patient being a child of ten months. In 1871, H. C. Wood expressed his belief that certain forms of Hodgkin's disease may present a splenic form. Osler at this time agreed with Wood, but now believes that we are dealing with a disease entity, and has published a report of twenty cases. Stengel regards it as a condition due to so many different causes that it should not be given a separate consideration. Herrick in "Nothnagel's Encyclopedia" says that it bids fair to have a clinical entity.

Until the symptom complex called splenic anemia is better understood, cases will probably continue to be reported under this name.

Etiology.—As Stengel says, the causes seem to differ very materially; the factors described as causes are not proven to be so, therefore there are no real differences in the etiology. The cause may in short be said to be unknown. In a recently reported case there was dislocation of the spleen with atheroma and torsion of the vessels. Dock and Warthin, of Ann Arbor, believe that portal thrombosis has an influence, having found this condition in several cases which they have reported. It is of a chronic, toxic, rather than of an infective nature. It has been advanced that the spleen liberates toxins which cause the anemia and anatomic changes.

Pathology.—This consists chiefly of changes in the spleen and liver.

The *spleen* is the seat of a hypertrophic cirrhosis. All of the connective tissue is increased in the pulp, and trabeculæ; the Malpighian corpuscles are diminished in size, some obliterated. The capsule is thickened. In the earlier stages the organ is enlarged, sometimes to enormous size; later fibrosis causes a shrinking and diminution. Microscopically the condition is as described above; a general fibrosis. In some cases there is a proliferation of endothelium. This latter has been ascribed by some a role in the cause, it being believed that these endothelial cells normally have the function of destroying red-cells and that a proliferation brings about a pathologic destruction of blood.

The *liver* is usually enlarged in the earlier stages, and if the disease lasts long it may become the seat of an atrophic cirrhosis. The abdominal hemo-lymph glands in advanced cases are enlarged in compensation for the splenic disablement.

Other organs are only secondarily affected and present nothing characteristic.

Symptoms.—Banti in 1898 published a description of the disease bearing his name and presenting the following characters:

First—Splenomegaly, lasting four years without symptoms.

Second—A transitional stage.

Third—That of hepatic atrophy. He believed splenic anemia to be a distinct disease from the one described by him. At this time the most advanced views are that Banti's disease is but a late stage of splenic anemia. This is the view taken by Senator and by Osler. The characteristic of Banti's disease is therefore hepatic cirrhosis added to splenomegaly.

Osler in 1902 gave the following as making the symptom complex of splenic anemia:

First—Chronicity, 10 to 15 years.

Second—Splenomegaly, frequently discovered before symptoms are found.

Third—Hematemesis, or intestinal hemorrhages.

Fourth—Anemia of chlorotic type. There is also except in the terminal stages a leucopenia.

Fifth—Pigmentation or melanoderma.

Sixth—Enlarged liver, ascites; sometimes jaundice. Fever may be present at times. In addition to the other hemorrhages there may be petechial, retinal hemorrhages, etc.

The ascites does not necessarily accompany a cirrhosis, but be due to pressure from the enlarged spleen or to a hydremia, and also to portal obstruction from thrombosis.

There is a notable absence of glandular enlargement. While

*Read before the Fifth District Medical Society, San Antonio, Nov. 5, 1907.

anemia occurs in all cases at some time, it is not necessary at all times. Its course is paroxysmal, as in progressive anemia. The blood may be normal or present any degree of anemia.

Treatment and Prognosis.—The prognosis is bad; medical treatment is of little avail. It is from splenectomy that the best results have been obtained. Harris and Herzog in 1901 collected nineteen cases of cure by splenectomy. The operation is attended with a mortality of 25 per cent. Talma's operation has been tried and one case cured by combining this with splenectomy.

REPORT OF A CASE.

E. D., male, age 38, unmarried, small in stature, weight about 130 pounds; father died twenty-five years ago of typhoid fever; mother living at the age of 72 and enjoys usually good health. There is a large family of children, all born in South Carolina but residing in San Antonio for thirty years past; all in mature life and good health.

When 1 year old E. D. was very ill with bronchitis and was given up to die, but recovered. He was delicate until his ninth year, after which he grew well and strong and has never since had any acute illness. He was temperate and abstemious in every way; his habits were most exemplary. He followed the vocation of a collector, which called for much bicycle riding. About four years ago he was troubled for some time with successive crops of boils and furuncles. Also several times during the past few years he suffered attacks of gastric colic of a few days' duration. On April 17, 1905, he vomited blood morning and evening. I was called to see him after the evening emesis. The blood was bright red, clotted speedily and was profuse. He complained of no pain and no nausea. He was sitting up and looked pale and weak. He had been attending to his usual duties to that date and had made no complaints of feeling unwell, although the family had noticed for several weeks that he looked pale and tired. One sister had noticed that his abdomen looked larger than normal but he had not detected any discomfort from his clothing.

The patient was kept quiet and on light diet, and on the 26th of April called at my office. I noticed that his color was of a grayish pallor, and prescribed an iron tonic. On May 1st I was called to his home. I found him in bed, with a temperature of 101½°. He complained of pain and fullness in the abdomen. On examination I found it considerably distended with fluid. The bowels and kidneys were sluggish, the tongue clean; there was no headache or general aching, and there had been no chill or chilly sensation. He had a paroxysmal, racking cough without sputa.

These general conditions continued for eight weeks. His temperature ranged from 100½° to 101½° daily. As a rule he suffered no pain. On account of the ascites I was unable to outline either liver or spleen. Urinary examination showed no pathological conditions. There was dullness on percussion over the whole of the left lower lung; on ascultation fine crepitant rales were abundant, and weak respiratory murmur. The heart action was slow, mostly under 70, often 60 to 64 beats per minute. In time a distinct murmur developed over the mitral and pulmonary valves, loudest over the second left intercostal space.

Dr. Stout made blood examinations which he will report in detail. Suffice it to say that no malarial parasites were found, the hemoglobin was 90 per cent, and there was no anemia; the red blood cells were normal in number. In view of the evident pallor of the patient the results of the blood examination were surprising.

The abdomen was tapped twice at intervals of two weeks; the first time four quarts of fluid were removed and the second five quarts. After the first tapping the fluid speedily reaccumulated, but after the second it did not recur, and never reappeared to the day of his death. After the last tapping it became possible to outline a slight enlargement of the liver and a marked enlargement of the spleen. Gradually the fever subsided, cough abated, the lung cleared up, the valvular murmurs disappeared and strength returned. After about three months in bed he was able to sit up and get about. The treatment was largely symptomatic, mostly in the way of hydragogue cathartics and diuretics.

During this period of illness Dr. J. Braunagel was called in consultation, and after repeated studies of the case pronounced his conviction that we were dealing with splenic anemia. Considering the brief history, the blood examinations, and the continued progress to recovery, it was difficult for me and others observing the case to accept his views. About the 1st of September E. D. left for a visit to relatives in Tyler and Taylor, when he suffered several brief relapses. Under the care of Dr. T. J. Bell, of Tyler, he made steady improvement. Dr. Bell felt convinced that the enlarged spleen was due to malaria, and proceeding on that theory he gave him continued and large doses of quinin. The treatment was efficacious and the patient became quite well. After an absence of five months he returned home, about March 15, 1906, feeling quite fit for work and resumed his usual occupation. The only remnant of his illness was an enlarged hard spleen, although smaller than during his acute illness. The liver had shrunk to normal size. A course of X-ray treatment did not produce any perceptible improvement. On September 16, 1906, I was summoned to his home with the information that he was again vomiting blood. He had been in my office on business the day before and in usual health. The hemorrhage recurred again and again for two days and resulted in such a degree of exhaustion that he died on the third day of this acute relapse, just a year and a half from the beginning of his illness. Dr. Stout again examined his blood, the results of which he will give in his paper. Fortunately, a sensible family granted us the privilege of making an autopsy. The results of this and such remarks as are pertinent to the subject will be considered by Dr. B. F. Stout, as it has been my aim to present only the clinical history of the case.

REPORT ON BLOOD EXAMINATION BY DR. B. F. STOUT.

At the first examination made during patient's first illness the blood showed no departure from normal except a leucopenia (4200).

The second examination made a short time later gave: Red-cells, 3,800,000; hemoglobin, 80 per cent; leucocytes, 3800; showing a slight anemia and a persisting leucopenia. It was surprising to find so little change when clinically there was such pallor. The literature, however, makes mention of this same feature. There were no malarial organisms present at any time, and there was no history of malaria. The ascitic fluid was of 1.008 gravity, with 0.2 per cent of albumin. This proved it to be a transudate and was due to portal obstruction.

After the patient returned from Tyler in March, 1906, I examined his blood again, finding the following: Red-cells, 4,000,000; hemoglobin, 75 per cent. No leucocyte count made. This shows slight chlorosis.

The last blood test was made a few days before death: Red-cells, 2,000,000; leucocytes, 18,200; hemoglobin, 40 per cent. Differential count gave: Polynuclears, 88; large lymphocytes, 4; small lymphocytes, 4; transitional, 4; eosinophiles, 0; mast-cells, 0. This was a marked anemia, the leucocytosis being that of any terminal affection.

Taking this case and comparing it to the cardinal symptoms laid down by Osler, we have:

1. Chronicity—This case only lasted one and one-half years from the attack calling attention to the splenomegaly. Probably the spleen was enlarged for some time previous to this.

2. Splenomegaly—Our case presented this.

3. Hematemesis—A striking feature repeatedly observed in this case.

4. Anemia—Present part of the time. The patient died in one of the attacks that many patients have repeatedly, and, therefore, this symptom was not the most prominent. Leucopenia was always present except during the last four days.

5. Pigmentation and jaundice—This is infrequent, and was absent in this case.

6. Enlarged liver and ascites—Both were present. The liver at the last became smaller, due to the beginning atrophy.

The *autopsy findings* corroborated the clinical diagnosis.

The *spleen* was enlarged, weighing 650 grams. It measured 20 centimeters in its long diameter, 17 centimeters wide and 8 thick. The capsule was thickened and non-adherent. Microscopically it presented the fibrosis, characteristic of the disease. Fibrous tissue increase was marked in the pulp and trabeculæ, the vessel walls were sclerosed and thickened and the malpighian corpuscles atrophied and in places obliterated. There was no endothelial proliferation.

The *liver* weighed 1200 grams, measured 22x17x12 centimeters. This showed a slight decrease in size. Microscopically it presented an interlobular increase of connective tissue and some proliferation of bile-ducts—a beginning atrophic cirrhosis.

The *kidneys* were the seat of degenerative changes in the

tubular epithelium, doubtless produced at the last. There was never any albumin in the urine.

The stomach mucosa was normal macroscopically. The esophageal veins were not dilated. The hemo-lymph glands were not enlarged, the spleen having not been sufficiently disabled.

The portal vein contained an old calcareous thrombus filling two-thirds the lumen of the vessel. This thrombus extended beyond the bifurcation of the vein in the liver.

I had the privilege of assisting Dr. F. J. Ball, of Kansas City, in August, 1906, in an autopsy of a case of Banti's disease of ten years' duration where the portal vein was in like condition.

In view of Dock and Warthin's observations also along this line the finding is an interesting one and starts one to speculating as to whether it may be cause or effect.

The interesting feature of this case is the apparent short duration, it proving fatal in one year and a half from the first attack.

The splenomegaly was first observed at this time, and there is no way of knowing how long it had existed previous to this. From the extent of the fibrous changes in the spleen, however, it could not have been a very long time.

CHRONIC INTERSTITIAL NEPHRITIS.*

BY

THEODORE C. MERRILL, M. D.,
COLORADO, TEXAS.

This subject has received so much attention that I will not attempt to give it a complete and comprehensive treatment, but I will limit myself to the expression of some aspects of the disease with which cases coming under my observation have impressed me.

In regard to the course and duration of this disease, I would divide it into three more or less well-defined periods:

First, there is the early stage, characterized by circulatory signs, more particularly an exaggeratedly distinct second cardiac sound with evidences of increased blood pressure, the renal indications being indefinite, and consisting most significantly in failure of function, as shown by the daily excretion of nitrogen, which is constantly below normal. Albumen is absent and microscopic evidence negligible.

The *second* stage appears when the tissue-changes have become marked enough to cause distinct evidence in the urine. The twenty-four hours' amount of urine is now increased, the urine is pale, and rather sharply acid. Albumen is sometimes present, sometimes absent, at different occasions, presenting considerable variability in this respect, but always slight in amount. It is a well-demonstrated fact that an apparent diminution in the albumen from time to time does *not* constitute an indication of improvement in the fundamental pathology. The urea is persistently below normal, and the microscopic characters of the urine are typical—a slight but persistent sediment, best obtained by the centrifuge and consisting significantly of a few blood disks, leucocytes, and hyaline or faintly granular casts which are not at all numerous, with renal epithelium and crystals of uric acid and calcium oxalate. At this stage of the disease the continued toxemia has reached such a point that some suggestive symptom, or group of symptoms, is likely to be present,—some persistent neuralgia or headache, occipital, or perhaps more typically frontal, and directly above the supra-orbital ridges,—some epistaxis, emesis, varying parasthesia, prostration, or ocular difficulty, consisting subjectively of spots, flashes, or short attacks of blindness, and objectively of a retinitis, the so-called albuminuric retinitis; frequent micturition, vertigo, and varying dropsical conditions, as evidenced by puffiness of the wrists, ankles, abdomen, or portions of the face.

The *third* stage includes the aspects presented toward the termination of the disease. The toxemia has now become pronounced and to the symptoms already described may be added an increasing evidence of difficulty cerebrally—mental confusion, dullness, convulsions, drowsiness, or attacks of coma. The dropsy has become more marked and more intractable. Eliminative measures lose their efficacy, and the end accompanied by exhausting diarrhoea, pulmonary or gener edema, and such manifestations of an overwhelming toxem as convulsions, paralyses, or coma.

The features presented by a study of the urine during t course of the disease are variable and interesting; interestin perhaps, on account of this variability, and yet changing ge erally according to principles of progression in the diseas Taking those characters whose study is especially necessary estimating the advances in the pathological process und consideration—urea, albumen, and sediment—the followi points are striking and significant:

1. Considerations regarding the urea. This is decreased the inception of the disease and is often the most significa index of trouble. Casts may be so few as to be overlooked an ordinary search, albumen may be absent; but with a fair marked decrease in the urea, coupled with the circulato conditions, the patient meanwhile ingesting a normal amou of nitrogenous food, there is unmistakable evidence of impai ment of function—the first manifestation of beginning troubl The decrease in urea is absolute throughout the course of t disease, although at times the urea is relatively greater amount than normal. There is a constant daily residue toxic matter remaining uneliminated and forming after a tin an accumulation too great for the resistance of the alread excessively strained tissues. When the breaking-point reached there will be a paresis, a coma, an intractable emesi or a series of convulsions; and after the storm it is often i teresting to observe how the kidneys make extraordinary e forts to rid the body of the pernicious toxins against which is struggling. Diuretic and other eliminative treatment al at times encourages the kidneys to these special exertion Remembering that the normal daily excretion of total nitroge included under the general term urea is about thirty-thr grams for the adult of ordinary physique and normal diet, is often interesting to observe how the excretion varies fro perhaps five grams only in a moderately developed stage of t disease to 70 or 80 grams, or an even greater quantity, dail for a time, after the blood has become thoroughly toxic fro overloading with residual products of metabolism. Exhibitio of diuretics at critical periods in the course of the diseas also often brings up the amount of excreted urea to thes really striking figures. Of course in some individuals t kidneys never rise to the demands made upon them, and t daily excretion of urea in such cases will be constantly belo normal; in other words, with a greater or less vigor and r sistance to the toxemia there will be a correspondingly greate or less renal sufficiency.

2. Regarding the albumen, the same assumes importan chiefly from the necessity of realizing the negativity of i significance; it is now almost a truism to remark that i value is small either as a diagnostic or a prognostic guide i the disease under consideration. At times it is undiscoverabl in the urine in the presence of a well-marked pathologic renal condition. It often exists in mere traces. Again, it sometimes present in very appreciable amounts and in t terminal stage may reach even ½ to 3 per cent by weight, or a expressed by the Esbach method of determination.

3. The sediment is generally scanty until the latest perio of the disease. It is not appreciable to the naked eye in t recently excreted urine, and even centrifugation discove often but a very small quantity. At the beginning of the di ease there may be found in the sediment centrifugated fro several tubes of urine only an occasional granular or hyalin cast, with a few leucocytes, blood disks, and renal cells. Aft the disease has progressed to a late period the renal disint gration is often indicated by a very copious sediment, quit appreciable to the naked eye, and showing microscopicall abundant renal cells, disks, leucocytes, crystals, and casts, t latter often obviously consisting of degenerated tissue-product as shown by vacuoles and feebly-staining reactions.

The question of treatment is summed up under the ideas diet, hygiene, and palliation, with a somewhat uncertain r source in surgery.

So far as my own practice has been concerned, the essential have always consisted in the establishment of a non-nitroge ous dietary, so far as possible, with the use of plenty fruit and pure water. By pure water I mean water freed s far as is possible from mineral constituents as well as fro bacterial, or other generally well recognized and admitted

*Read before the El Paso-Big Springs District Medical Society, Colorado, Texas, April 28, 1908.

armful agents. I have been in the habit of excluding toma-oes from the diet, as well as rhubarb, on account of the cal-ium oxalate which these vegetables are supposed to contain. lcoholic beverages in any form are contra-indicated. Tea and offee in moderation are admissible unless through some idio-yncrasy they are not well borne.

Care with regard to the intestinal function, attention to the ctivity of the skin, precautions against chilling of the cu-aneous surfaces, and abstinence so far as possible from mental verwork, worry, and strain, and from undue bodily exertion nd fatigue, should be impressed upon the patient. Sometimes pecial baths are applicable, and tonics of iron and strychnin ay prove of service.

Palliative measures will be called for at various times. hese are essentially eliminative for the most part, and com-rise diuretic and cathartic methods, as also the use of means nding to relieve the accumulation of toxins through thorough ushing of the body, not forgetting the important assistance to e afforded by excretion through the skin.

Convulsions and coma will call for the use of their own es-ecially needed remedies, and time after time may be con-nered, finally to prove uncontrollable. The surgical means of lief, the procedure of Edebohl's stripping the kidneys of the lherent capsule, is palliative only.

A point I leave to the last, and which I hope will receive tention in the discussion, is the recent idea of eliminating lt from the diet. I have never been able to understand at sodium salts in moderate amounts are toxic to the kidney health, but rather they have always been recognized as ecessary to the economy.* I should like to know the exact atus of this idea, and to understand whether complete re-oval from the diet of sodium compounds, or only the use moderate amounts of the same, is to be preferred.

A REVISION OF THE AMERICAN MEDICAL DIRECTORY.

The publication of an official Medical Directory, uninflu-ced by commercial interests, was one of the great advances the year 1907. A second edition is now being prepared, d will appear early in 1909. It will contain all of the terial in the first edition, with additions and corrections ted below. The complete records of the Texas State Board Medical Examiners will be used for correcting the Texas rectory. This will make the directory for Texas of greater curacy than any previously published medical directory. will be of great value to county secretaries and medical ganizations in general, as well as individual physicians. e book bound in half leather and half cloth with gilt title ll cost $7.00, $6.00 if subscription is received in advance.

The chief characteristics of the book will be as follows:

1. It will give the names of all physicians legally quali-d to practice medicine and none other.
2. It will contain exactly the same information concern-g each physician, as no distinction whatever will be made ween subscribers and non-subscribers.
3. It will contain the following information concerning ch physician: Name, year of birth, when it can be ascer-ned; medical college and year of graduation, year of State nse, school of practice and address; office address and office urs wherever necessary; college positions held and special es of practice followed.
4. All information concerning college and year of gradu-on, license and registration is verified from official sources.
5. Names of members of component county and constitu-State associations will appear in capital letters.
6. The Directory will, therefore, combine the features of general medical directory and society blue book.
7. It will contain under each State the following: (1) dical Practice Laws; (2) Members of State Board of alth and of Board of Examiners; (3) Medical Colleges in State with information concerning each; (4) Principal spitals, Sanatoria and Health Resorts; (5) Officers of State dical Associations with roster of Component County So-ty Officers.

Note under date of May 20, 1908:—Since preparation of the foregoing per I have noticed some references to work done on the subject of xicity of sodium compounds by Mr. Osterhout, Professor at the Uni-rsity of California. Without doubt this recent work will prove very nsful in establishing some of the principles now under discussion.

MISCELLANEOUS.

PROPOSED TUBERCULOSIS SANITARIUM BILL.*

TO BE ENTITLED

An Act to provide for the location of an establishment and maintenance of a State Sanitarium for the treatment of persons suffering from tuberculosis, and to provide for the care and treatment of indigent consumptives, and making an appropriation therefor.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That there shall be built, established and maintained at some point hereinafter provided in the State of Texas, a sanitarium for the treatment of persons afflicted with tuberculosis.

SEC. 2. That said institution shall be known as the State Tuberculosis Sanitarium.

SEC. 3. That the Governor shall appoint three commissioners who shall select a site for the said sanitarium, and shall receive for their services the sum of five dollars each per day and their actual expenses, not to exceed, however, ten days' service, whose accounts shall be approved by the Governor, audited by the Comptroller and paid by the Treasurer.

SEC. 4. That said commission shall make their report to the Governor, and when approved by him they shall take title to the land selected by them in the name of the State, for the use and benefit of the State Tuberculosis Sanitarium. Provided, however, that the Attorney General shall first approve the title of the land selected by said commission.

SEC. 5. That the Governor shall appoint a board of managers for said sanitarium, with such powers and duties as are now provided in Title 9 of the Revised Statutes of Texas.

SEC. 6. That the support and general management of said sanitarium shall be same as is now provided for other like institutions of the State.

SEC. 7. That said sanitarium shall be located at some place in the State of Texas west of the ninety-eighth meridian, and between the twenty-ninth and thirty-second degrees of latitude, and that the land purchased by the State for this purpose shall consist of not less than one thousand nor more than five thousand acres, a suitable amount of which must be capable of cultivation. It is also provided that a stream of water shall flow through or across some part of said land.

SEC. 8. That there shall be constructed upon said ground, so selected, suitable and desirable buildings, to accommodate not less than two hundred (200). Said buildings to be erected in keeping with modern methods of treating tuberculous diseases. And the Governor shall, as soon as practical after the passage of this act, and the approval of the commission heretofore provided for, advertise for plans and specifications for said buildings and equipment, and together with the Comptroller and Treasurer shall let the contract for the construction and equipment of said buildings, according to such plans and specifications as they may have

*Substantially this same measure was introduced in the Thirtieth Legislature and favorably reported on by the Committee on Public Health of the House.

adopted, to the lowest responsible bidder, who shall give good and sufficient bond for the completion of said buildings and equipment, according to the contract entered into by them; provided, that the total cost of lands and buildings with all necessary equipment and improvements shall not exceed one hundred and fifty thousand dollars ($150,000).

Sec. 9. That there shall be appropriated out of the general revenue of the State, accruing in the fiscal year 1909, not otherwise appropriated, the sum of seventy-five thousand dollars ($75,000), for the selection and location of site, towards the erection of buildings and such other improvements and fixtures as may be necessary to complete, equip, establish and operate said State Tuberculosis Sanitarium.

Sec. 10. That said commission shall be appointed immediately upon the passage of this act, and the sum of one thousand dollars ($1000), be and is hereby appropriated out of any money in the treasury, not otherwise appropriated, to pay the expenses of said commission, and also for the payment of the expenses of an agent, said agent to be physician expert in the treatment of tuberculosis, to be selected and sent out by the Governor for the purpose of examining and reporting upon an institution of a similar character located elsewhere.

Sec. 11. That tuberculosis, or consumption as it is commonly called, requires a treatment different from that used in any other disease, and that the best authorities upon the disease agree that outdoor exercise in a mild, dry climate and light employment is essential for the successful treatment of the malady. Therefore, it shall be the duty of the board of managers of the State Tuberculosis Sanitarium to conduct farming and stockraising and such other industries as may be compatible with the climate and land as in their judgment are for the best interest of the patients. All moneys accruing therefrom to go into and become a part of a fund for the improvement of the property of said tuberculosis sanitarium.

Sec. 12. All persons afflicted with tuberculosis who shall have been bona fide residents of this State for two years next preceding the filing of their application with the county judge as hereinafter provided, shall be admitted to said sanitarium under the provisions of this act.

Sec. 13. Patients admitted to said sanitarium shall be of three classes, towit:

1. Indigent public patients.
2. Non-indigent public patients.
3. Private patients.

Indigent public patients are those who possess no property of any kind nor have any one legally responsible for their support, and unable to reimburse the State. This class shall be supported entirely at the expense of the State. Non-indigent public patients are those who possess some property out of which the State may be reimbursed or who have some one legally liable for their support. This class shall be kept and maintained at the expense of the State, as in the first instance, but in such cases the State shall have the right to be reimbursed for the support of such patients and the claim of the State shall constitute a valid indebtedness against any such patient or in case he has a guardian against his estate or against the person or persons who may be legally liable for his support and financially able to contribute, as herein aforesaid, and such claim may be collected by suit or other proceedings in the name of the State by the county attorney of e county from which said patient is sent, against sa patient, his guardian or the person or persons liable r his support, as the case may be.

Such suit or proceeding to be instituted upon the r quest in writing of the superintendent of the sanitari u accompanied by a certificate as to the amount due e State, which shall in no case exceed five dollars r week. In all suits or proceedings the certificate of e superintendent shall be sufficient evidence of the amou t due the State for the support of such patient. It sh l be the duty of the county attorney upon such requ t being made to institute and conduct such suit or p- ceedings, and for which he shall be entitled to a co- mission of 10 per cent of the amount collected. l moneys so collected, less the commission above provid l, shall be by the county attorney paid into the St e treasury, and placed in the general fund.

Private patients may be admitted into said sa- tarium upon application of parent, guardian or frie , under such regulations as the board of managers a l superintendent may prescribe, not in conflict with e provisions of this act. Such patients shall be kept a l maintained at the sanitarium at their own expenses, r at the expense of their guardian, relative or friends, a l for the board and care of such patients the super- tendent may make a special contract, at a rate not l s than five dollars per week; and at the time of the a- mission af any such patients into the sanitarium s board must be paid quarterly in advance. All mone collected shall be paid directly into the State treasu , and placed in the general fund.

Sec. 14. The parent, guardian or friend of a patient not seeking admission as a private patient m make application in writing and under oath to t county judge of the county wherein such patient sides for admission of the said patient into the sa State sanitarium, which application shall show: (The name of the patient, and (2) sex, (3) age a nativity, (4) whether possessed of any property, an if so, what, and the estimated value thereof, and (whether the patient has any one legally liable for l support, if so, whom, what property possessed by su person, and the estimated value thereof, and (6) re dence of the patient for one year next preceding t date of the application, (7) occupation, trade, or e ployment, (8) parent, or parents, if living, or gu dian, if any, (9) name of husband or wife, if an (10) children, if any, number, age and sex, (11) re tive similarly affected, insane, inebriate, consumpti or criminal.

Sec. 15. Said application shall be accompanied the certificate of a reputable practicing physician, a in the case of indigent patients by a certificate fr the county physician, stating that he has carefully e amined the person for whose admission application made, and that such person is suffering from tuberc losis, and the duration of said disease, if known, a the accompanying bodily disorders; provided, that person afflicted with transmissible diseases shall be a mitted, and it shall be the duty of the county judge certify that the physician making this certificate is reputable physician, actively engaged in the practice his profession, and has complied with the laws of th State granting licenses to physicians to practice me cine.

Sec. 16. If the county judge is not satisfied as the showing made in said application and certifica

r either, he may subpœna witnesses and examine them nder oath, touching sueh matters. If it be made to ppear to the county judge that sueh person is entitled o admission into the sanitarium under the provisions f this act, he shall forward an application for admis- ion to the superintendent of the sanitarium, which pplication shall be accompanied by a full eopy of the roceedings had in such ease, and the original shall be lled in the office of the county clerk. If the county udge shall find that the person for whom application s made is in fact not indigent then he shall make pplication for his admission as a non-indigent patient nd so show in his application to the superintendent. he objeet of this provision is to make it the duty of he county judge, upon careful investigation, to deter- ine whether such person shall be admitted into the san- tarium as an indigent public patient, or a non-indigent ublic patient. For all service needed in connection ith sueh matters in eaeh indigent case the county udge and the county physieian shall be paid by the ounty as agreed upon by the commissioners court.

SEC. 17. When there is room in the sanitarium, it hall be the duty of the superintendent to receive sueh atient, and when applieation is made for more pa- ients than can be admitted he shall give preference to ndigent public patients over non-indigent publie pa- ients, and shall at all times give preferenee to both of he classes mentioned over private patients.

SEC. 18. It shall be the duty of the county judge o see that each patient admitted to the sanitarium is upplied with three full suits of substantial elothing. he expense of sueh elothing and transportation of in- igent publie patients shall be paid by the county from hieh the patient shall be sent. Non-indigent publie atients shall pay for clothing and transportation them- elves, or the same may be paid by their parents, guar- ians or friends.

SEC. 19. The object of the sanitarium being to se- ure humane, scientifie and eeonomieal treatment of ersons suffering from tuberculosis, and in so far as ossible to aid in stamping out the disease, to fulfill is design it shall be the duty of the superintendent nd board of managers of the sanitarium to prepare and lopt by-laws, rules and regulations for the govern- en of the sanitarium, prescribing the duty of all offi- rs and employes, and for enforeing the necessary dis- pline and restraint of all patients.

EVISED RULES RELATING TO ADMISSION TO MEDI- CAL STUDY.

DOPTED BY THE TEXAS STATE BOARD OF MEDICAL EXAMINERS. JULY, 1908.

Authority.

Section 1. The Board of Medical Examiners for the State Texas is, by the Medical Practice Act of 1907, allowed to mit to its examinations for license to practice medicine only pplicants who are graduates of bona fide reputable medical hools of the first-class. The law says:

"Such schools shall be considered reputable within the meaning of is act whose entrance requirements and course of instruction are as gh as those adopted by the better class of medical schools of the ited States."

Upon this authority are issued the following standard re- irements for Texas medical colleges, equivalent to those lopted by the better class of medical schools of the United ates. Only those Texas medical schools enforcing the fol- wing entrance requirements and having the following pre- ribed facilities and courses of instruction, after October 1, 1908, will be considered reputable and their graduates ad- mitted to the examinations of this Board.

Entrance Requirements.

Sec. 2. Colleges to be considered reputable shall admit to their courses of instruction only students to whom entrance certificates have been granted by this Board. The enforce- ment of this rule will begin with matriculates in the fall of 1908. These entrance certificates will be issued upon: (1) ac- ceptable credentials; (2) the successful passing of an exam- ination before the county examining board in which appli- eant resides.

(1) *Acceptable Credentials.*

(a) A diploma from a reputable university or college granting the degree of A. B., B. S., or equivalent degree.

(b) A student's certificate of admission by examination, issued by a university or college of the first-class, which will be accepted for admission to the College of Arts of the Uni- versity of Texas.

(c) A diploma from the Texas State Normal Schools, the Agricultural and Mechanical College, or the Girls' College of Industrial Arts.

(d) A diploma from a high school which is fully affil- iated in the first grade with the University of Texas.

Graduates of high schools affiliated with the University of Texas in the second and third groups of affiliated schools shall be admitted for the year 1908, and students having two years of study in a high school of the first-class affiliated with the University of Texas.

(e) All persons holding first-grade teachers' certificates shall be admitted in the year 1908.

(f) A diploma from a normal school, academy, seminary, or other school legally constituted, when documentary evidence shows that the work included a four years' course which was preceded by eight years of study in the elementary and inter- mediate grades.

(g) A medical student's certificate will be accepted at the time of entrance, issued upon examination by any State Board of Medical Examiners having reciprocity arrangements with this Board.

(h) Holders of first-grade teachers' certificates will be given credit for eight units.

The above requirements will admit students to any medical college of this State for the year 1908. Students matriculat- ing in the year 1909 and thereafter will be required to make two additional units each year until fourteen units are ob- tained. (A unit represents one study or a recitation period of forty minutes, for a term of thirty-six weeks.)

Where additional units are to be made, credit will be given when certified to by the high school superintendent of the district from which the applicant comes.

Elective.

From the following list units must be selected to make fourteen units by 1911 at the rate of two units per year:

English—1 unit.
History—½, 1, 1½, or 2 units (additional to prescribed units).
Latin—2, 3, or 4 units.
French—2 or 3 units.
German—2 or 3 units.
Spanish—2 or 3 units.
Physics—1 or 2 units, with laboratory work (Carhardt, Chute, Gage).
Chemistry—1 or 2 units, with laboratory work (Williams or Remsen, Briefer Course).
Botany—1 or 2 units.
Physiography—½ unit.
Physiology—½ unit (Colson, Briefer Course.)
Civics—½ unit.
Solid Geometry—½ unit.
Trigonometry—½ unit.
Manual Training—1 or 2 units.

EXAMINATION FOR ASSISTANT SURGEON. PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

A board of commissioned medical officers will be convened to meet at the Bureau of Public Health and Marine Hospital Service, 3 B street SE., Washington, D. C., Monday, September

14, 1908, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service.

Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examinations: 1, physical; 2, oral; 3, written; 4, clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists in examination in the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and natural sciences.

The clinical examination is conducted at a hospital, and when practicable, candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

Upon appointment the young officers, are, as a rule, first assigned to duty at one of the large hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Promotion to the grade of surgeon is made according to seniority and after due examination as vacancies occur in that grade.

Assistant surgeons receive $1600, passed assistant surgeons $2000, and surgeons $2500 a year. Officers are entitled to furnished quarters for themselves and their families, or, at stations where quarters can not be provided, they receive commutation at the rate of thirty, forty, and fifty dollars a month, according to grade.

All grades above that of assistant surgeon receive longevity pay, 10 per cent in addition to the regular salary for every five years' service up to 40 per cent after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For further information, or for invitation to appear before the board of examiners, address "Surgeon-General, Public Health and Marine Hospital Service, Washington, D. C."

Washington, D. C., July 9, 1908.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Texas Life, Waco, Texas.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR E AMINER'S FEE.

By mutual agreement, the following counties are enforci the $5 flat rate for insurance examinations.

Anderson.	Ector.	Jasper.	Orange.
Bandera.	El Paso.	Johnson.	Potter.
Bastrop.	Edwards.	Karnes.	Rockwall.
Blanco.	Erath.	Kaufman.	Robertson.
Bosque.	Fisher.	Kendall.	Runnels.
Briscoe.	Floyd.	Kerr.	San Augustin
Burnet.	Franklin.	Lampasas.	Sherman.
Caldwell.	Gillespie.	Leon.	Stephens.
Cass.	Gonzales.	Lubbock.	Stonewall.
Camp.	Grayson.	Madison.	Swisher.
Childress.	Guadalupe.	Martin.	Titus.
Clay.	Hale.	Medina.	Travis.
Colorado.	Hill.	Midland.	Upshur.
Collin.	Hopkins.	Milam.	Uvalde.
Comal.	Howard.	Montgomery.	Wilbarger.
Cooke.	Hamilton.	Morris.	Williamson.
Dallam.	Harrison.	Newton.	Wood.—71.
De Witt.	Hartley.	Nolan.	

COMMUNICATIONS.

CIRCULAR LETTER TO THE ELEVENTH DISTRICT.

To the County Societies composing the Eleventh District Me ical Society:

At the meeting in Jacksonville in March the question of le ying a per capita tax upon each county society in the distri to be paid out of their general fund instead of assessing eac member $1 annually was discussed, and your secretary was i structed to take the matter up with each society through it secretary and ask each to send a representative to the meetin in Palestine, September 8th. It is the desire of the distri society that you consider this matter and be prepared to ac accordingly.

Fraternally,
J. B. RAMSEY, M. D.,
Secretary.

Forest, Texas, July 10, 1908.

NEWS.

Dr. Lay Receives Appointment.—Dr. Joseph R. Lay, of Hal lettsville, has been tendered the position as Medical Officer a the Agricultural and Mechanical College.

Dr. Pierre Wilson Resigns.—After four years of continuou service, Dr. Pierre Wilson has resigned his connection wit the Medical Department of Baylor University, at Dallas.

Quarantine Re-established.—About the middle of July Dr W. M. Brumby re-established the quarantine boat and guar at Pass Cavallo. Dr. B. F. Young was appointed quarantin physician.—*Houston Post.*

The Bonham Hospital.—Recently a nice sum was raise from the proceeds of an entertainment given by home talen for the S. B. Allen Hospital, at Bonham. This hospital ha charity wards and is a great benefit to the indigent through out the county.

Used Name Without Authority.—Dr. E. H. Martin, of Hot Springs, Arkansas, states for the benefit of his friends and the medical profession, that a New Orleans firm of chemists, in exploiting one of their produets, used his name without his knowledge or consent.

Yellow Fever at Vera Cruz.—Two cases of yellow fever have been discovered at Vera Cruz, and a third case is under surveillance. The authorities are taking every precaution to prevent any spread of the disease, and are very mueh chagrined over its appearance.

Dr. Greenwood Receives Appointment.—Dr. Jas. Greenwood, Jr., of Seguin, has been appointed demonstrator of medicine in the Medical Department of the State University, Galveston, and assistant physieian to John Sealy Hospital, succeeding Dr. Wallace Rouse, deceased.

The Eleventh District Medical Society has been ehartered and is now in full affiliation with the State Medical Association. The officers are: President, Dr. A. L. Hatheoek, Palestine; seeretary, Dr. J. B. Ramsey, Forest. Its next meeting will be held in Palestine, September 8th.

Physio-Medicals Elect Officers.—At the annual meeting of the Texas Physio-Medical Association held July 16th in Dallas the following officers were elected: President, Dr. J. M. Massie, Fort Worth; Vice-President, Dr. J. T. Baker, Denison; Seeretary, Dr. J. M. Jones, Dallas; Treasurer, Dr. P. Holt, Dallas.

The International Congress on Tuberculosis.—If the eoming International Congress on Tuberculosis is to be compared favorably with the International Congress in Paris in 1905, the membership should reach ten thousand. These figures for the United States are unprecedented, but the membership of the French Congress of 1905 is a definite ehallenge.

"Diet in Health and Disease" is the title of a little booklet issued by Dr. Cary H. Wilkinson, of Galveston. The author says no untried article of food and drink is inserted in the lists. The book is intended to help the busy physician answer the question: "What can I eat?" The work consists of index, introduction on "The Art of Feeding," and twenty-four pages devoted to diet lists indicated in a large variety of diseases. Price, 25 cents.

Institute of Hygiene Planned in Louisiana.—Dr. David D. Sims, of Crowley, La., President of the Local Board of Health of that place, is co-operating with Dr. Fred J. Mayer, Inspector of the State Board of Health, in organizing an institute of hygiene, which will be held at an early date. The institute will be held in the open air and a barbecue is planned to be held in connection. The farmers of the parish will receive special invitation.

Dr. C. B. Merchant Injured.—On July 4th, while driving in the country, the team of Dr. C. B. Merchant, of Quinlan, became frightened and ran away. He was thrown out and seriously injured, both sides of his face being badly lacerated. After the accident he remained in the hot sunshine for three and one-half hours in an unconscious condition. He was picked up by a passer and carried to Greenville. His injuries are not thought to be fatal.

Alumni Meeting.—At the annual meeting of the Alumni Association of the Medical Department, State University, Galveston, held May 29th, the following officers were elected: President, Dr. D. H. Lawrence; seeretary-treasurer, Dr. Henry Hartman, Galveston. It was decided that an effort should be made to have a special meeting of the alumni in Galveston in May, 1909, at the time of the annual meeting of the State Medical Association in that city.

License Obtained Under False Pretense.—J. M. L. Hill, a negro doctor, was arrested in Cleburne, June 25th, and brought back to Fort Worth to answer a charge of false swearing. He obtained a license from the express office in Marshall, Texas, which was sent to a white man named J. C. Hill, they both having been examined at the same time, but the former failed to qualify. The negro then came to Fort Worth and presented the license for registration, hence the charge.

Special Train for Texas Health Officers.—Dr. W. M. Brumby is making arrangements to have a special train, to be called the Texas Health Officers' Special, for the accommodation of the Texas health officers who expect to attend the International Congress on Tuberculosis. He expects to be able to secure a rate of $50 for the round trip, but, if enough attend, a better rate can be gotten. If a majority of those who attend so desire, arrangements will be made for a round trip to New York via Washington.

Arrest for Violating Car Sanitation Regulation.—A commercial traveler was arrested June 14th at Waco at the instance of State Health Officer Brumby, who charged him with washing his teeth and expectorating in a basin in a sleeping car. He was tried by a justice of the peace, who dismissed the case, holding the defendant should be given the benefit of the doubt, contending that the Legislature had no right to allow such rules promulgated. The defendant threatens to bring suit against Dr. Brumby and the Pullman Company.—*San Antonio Express.*

Mandamus Suit Against State Board of Medical Examiners.—Dr. William H. Bennett, a physician of San Antonio, has instituted mandamus proceedings against the State Board of Medical Examiners to require the Board to issue him a certificate without being compelled to undergo another examination. The suit was filed in the Fifty-seventh district court and the case will be heard October 5th. The plaintiff alleges that he has a license in conformity with the laws of the State previous to 1907, and that he failed to record the license with the district clerk.

Alleged Physician Fined.—In the county court at Beeville a man plead guilty to practicing medicine without a license, and was fined $50 and sentenced to thirty days' imprisonment. He came from Kansas City recently and hired a team and went to the country to solicit patients. The locality he happened to strike had been visited by another so-called specialist about a year ago, who had victimized the people to the extent of several hundred dollars for medicine that never reached them, so the field was very unfavorable for a second opration. The county authorities were notified, and as the "doctor" had filed no license with the county clerk he was jailed.—*San Antonio Express.*

Official Remedies Approved.—Capsules Glycerophosphates Comp. (H. K. Mulford Co.) has been added to the list of new and non-official remedies approved by the Council on Pharmacy and Chemistry.

Isoform Powder (Koechl & Co.), having been withdrawn from the market, has been omitted from the list of articles accepted for new and non-official remedies, at the request of the American agents.

Investigations made under the direction of the Council having demonstrated that the claims made for Isopral (Farbenfabriken of Elberfeld Co.) are not justified by the facts, the Council has voted to omit this article from the list.

Population of the Asylums.—Since the enlargement of two eleemosynary institutions of the State, inquiry has been made as to the total population in each of the asylums and institutions. This is considered in connection with probable requests for increase in appropriations by the next Legislature. The following approximate figures are given by the State Purchasing Agent in the absence of official records: Terrell Insane Asylum, 2200 patients; State Lunatic Asylum, Austin, 1500; Southwestern Insane Asylum, San Antonio, 900; Deaf and Dumb Asylum, Austin, 450; Blind Asylum, Austin, 275; Orphan's Home, Corsicana, 500; Epileptic Colony, Abilene, 300; Negro Deaf and Dumb and Blind Asylum, Austin, 150.—*San Antonio Express.*

The Jefferson County Medical Society has begun the publication in the newspapers of popular articles on medicine. The *Beaumont Enterprise* for Sunday, June 28th, contains an excellent article, signed by the Jefferson County Medical Society, on "The Progress of Medical Science," wherein the development of medicine from earlier times to the present is briefly but interestingly summarized. The second, an article on "Insect and Animal Carriers of Disease," by Dr. Martha A. Wood, Galveston, is clear, practical, and calculated to acquaint people with the possibility of becoming infected with diseases from domestic pets, insects, etc. Such articles published impersonally by a society for the benefit of the people can not fail to be of great educational advantage.

State Boards Introducing Practical Features in Examinations.—At the examination held by the Ohio State Board of Medical Registration and Examination at Columbus, June 8, 9, and 10, besides the usual written examination, practical examinations in pathology, bacteriology and chemistry were required. In these practical tests each applicant was asked to identify pathologic specimens, bacteria and urinary sediments, and to make a urine analysis. These tests were conducted at the same time as the written examination in one corner of the examination hall and in the presence of the entire class. An extension of time equal to that required for the practical test was granted to those who were called from their written work. There were 161 applicants at the examination, and it required about fifty minutes for each applicant to complete the practical test. The results are said to have been highly satisfactory.

The Pan-American Medical Congress.—The fifth session of the Pan-American Medical Congress is to be held in Guatemala City, August 16th. Nearly every State in North and South America has accepted the invitation of the Guatemalan President to send representatives. The last session of the Congress was held in Panama, in 1905. The steamer left New Orleans on the 30th instant. The trip by rail requires about four days from New Orleans to Port Barrios. From Port Barrios to Guatemala City is 194.3 miles. The round trip regular rate from New Orleans to Port Barrios was $50, but a special rate of $40 for the round trip was granted. It is probable that by that time one of the recently built steamers of the line will be put into commission, which will add greatly to the comfort of the passengers.

Notable Antituberculosis Legislation.—New York State has just passed a law declaring tuberculosis to be an infectious and communicable disease, and providing for the reporting of all cases to the local health authorities. Its salient features comprise the free examination of sputum by the health authorities in all suspected cases; registration and the inviolability of all such records; the disinfection and renovation of premises after the death or removal of a consumptive, and the rendering innocuous of all tuberculosis sputum. The physician must send to the health officer of his community a statement of the precautions he takes in a case of this disease; he must safeguard in every reasonable way those living in the same house with the consumptive patient; and for his report he receives a fee of $1.00. Should the physician fail to report, this duty devolves on the health officer, who will then receive the fee. Penalties are imposed on physicians and others who fail to execute the duties required by this act.

This New York State law was signed at about the same time as a similar statute for the District of Columbia to which the President has affixed his signature.—*Journal of the A. M. A.*

An Illinois County Medical Society Library.—One of the best selected medical libraries in Illinois is that of the Morgan County Medical Society. The society has been given a separate room at the public library, and a salaried librarian is employed, who keeps the library completely catalogued and indexed. The leading medical journals are taken, and articles classified. The introduction of this system has aroused the keenest interest of all members of the society. Not only has greater personal use been made of the books, but many of the physicians have donated volumes to the society. The collection has thus assumed large proportions, and includes many choice volumes. The report of the librarian for 1907 shows 1729 volumes now in the library. The system of indexing current medical literature is unique, and, so far as known, is used in no other library. The fact that during the past year ninety-four reference lists have been issued is practical proof that the plan is beginning to be appreciated. A large number of the best medical journals published in English come to the library, and are indexed as soon as they arrive. In this way, there is very little in medical progress which is not immediately accessible to each member for the asking. Members are allowed to pledge themselves any sum of money for the support of the library, but all members have access to its shelves. Nearly $1000 per year has been spent on the library for the past two years.—*Jacksonville* (Ill.) *Daily Journal.*

Association of State Secretaries and Editors.—On the night of June 1st, preceding the recent annual meeting of the A. M. A. in Chicago, an important movement was inaugurated in t organization of the State Secretaries' and Editors' Associatic The meeting was called by a committee appointed at Atla tic City, of which Dr. Walter Cheyne, of South Carolina, w chairman. Over forty editors of State journals and sec taries of State associations met at the Victoria Hotel and s down to dinner together, following which the meeting w called to order. After listening to the report of the chai man, several prominent editors discussed the good that wou come from such an organization, and expressed many go ideas as how to cultivate a closer relation between State a sociations, to promote the interests of the State journals, establish improved and more uniform methods of conducti business, etc.

The following officers were elected for the coming yea President, Dr. Walter Cheyne, South Carolina; Vice-Pre dents, Drs. Philip Mills Jones, California, and W. R. Tow send, New York; Secretary, Dr. L. H. South, Kentucky. D Cheyne announced the following committees: Committee Secretaries—Dr. A. W. McAlester, Jr., Chairman, Missour Dr. W. R. Townsend, New York; Dr. Thomas McDavitt, Mi nesota. Committee of Editors—Dr. E. J. Goodwin, Chairma Missouri, Dr. I. C. Chase, Texas; Dr. A. W. McCormack, Ke tucky.—*Journal of the A. M. A.*

Revised Army Medical Department.—The Act of April 2 1908, reorganizing the medical corps of the army, gives a increase in that corps of six colonels, twelve lieutenant col nels, forty-five majors, and sixty captains or first lieutenant and establishes a medical reserve corps as an adjunct to t medical corps. Under this recent act, the lieutenants of t medical corps are promoted to captain after three year service instead of five, and the increase in the higher grad insures promotion at a reasonable rate all through an officer military career. Furthermore, applicants who are foun qualified in the preliminary examinations are appointed fir lieutenants of the medical reserve corps and ordered to t Army Medical School in Washington, D. C., for eight month instruction.

It is desired to obtain and maintain a list of qualifie medical men all over the country who are willing to serve a medical officers in time of emergency, and to such men th President is authorized to issue commissions as first lieute ants, medical reserve corps. It is recognized that it will b necessary to place only a limited number of these officers o the active list in time of peace, and it is hoped that youn medical men throughout the country and medical officers c the militia of the various States may be sufficiently intereste to secure positions on the medical reserve corps list.

An applicant must be between 22 and 45 years of age, citizen of the United States, a graduate of a reputable medica school legally authorized to confer the degree of doctor of mec icine, and must have qualified to practice medicine in th State in which he resides. Examinations will be held in th near future, and will embrace the practical medical subject

Full information concerning the medical corps and th medical reserve corps may be procured upon applicatio to the Surgeon General, U. S. Army, Washington, D. C.

Closing of the Physio-Medical College of Dallas.—It has bee noted in these columns that the Physio-Medical College o Dallas, Texas, would be consolidated with a Chicago Schoo The twenty-third annual announcement of the College of Med icine and Surgery of Chicago, a Physio-Medical Institution has just been mailed to many of the physicians of Texas. O the board of counselors of this school is seen the name of L H. Painter, of Dallas, Texas, and under the head of specia lecturers are placed four members of the former faculty o the Dallas School: P. Holt, M. D., Materia Medica an Physio-Medical Principles, Wilson Bldg., Dallas, Texas; Jame M. Massie, M. D., Medical Gynecology, National Bank Bldg. Fort Worth, Texas; Lester H. Painter, M. D., Diseases of th Nervous System, 220 Linz Bldg., Dallas, Texas; Robert L Spann, M. D., Pathology and Treatment of Tumors, Pres Bldg.,, Dallas, Texas.

In this catalogue is a special leaflet, signed by the fou special lecturers mentioned, in which the following language is used:

To be thoroughly qualified one must have access to hospitals an sanatoria wherein practically every phase of human illness may b clinically demonstrated, and every possible surgical affection an measures for its correction witnessed.

In view of the foregoing facts, and also knowing that no city in Texas or the Southwest possesses these advantages at the present time, and after thorough deliheration, The Physio-Medical College of Texas has decided to cast its lot with The College of Medicine and Surgery of Chicago.

This college with its own hospital and excellent equipments and the great Cook County Hospital only a hlock away, offers advantages not surpassed, if equalled hy any other institution of its kind in the American continent. Therefore, The Physio-Medical College of Texas heartily commends The College of Medicine and Surgery of Chicago to all its undergraduates, as well as to all prospective students in medicine and surgery.

P. HOLT,
J. M. MASSIE,
LESTER H. PAINTER,
R. L. SPANN.

The Samuel D. Gross Prize.—The conditions annexed by the testator are that a prize of fifteen hundred dollars "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

Investigation of Diastase Ferments.—Among medicinal agents which may be classed as legitimate pharmaceutical preparations few are more widely advertised than are the starch-digesting ferments, the disatases. Several are good preparations. Some grossly exaggerate their claims in such manner as to lead to distrust. Those which have merit have not always been marketed by methods which are wholly free from criticism. In most cases the method of reporting the digesting value is too obscure. Statements regarding the digesting power of disastases should be based on standard and uniform methods of testing. Recognizing the importance of uniformity in such work the sub-committee of the Council on Pharmacy and Chemistry has had a large number of comparative tests carried out on the more important products of this class, employing several methods of analysis. A comparison of the results made with the statements which appear in the manufacturers' circulars, etc., show the digestive powers are all lower than claimed, when the test is carried to the colorless endpoint reaction, and anhydrous starch conversion. For obvious reasons results should always be calculated to anhydrous starch for reporting.

The widest discrepancy between the values as claimed by the manufacturer and those found by actual tests seems to be known in the case of Taka-Diastase. The liquid preparation has been tested a number of times in different samples and has always been found weak; some samples, in fact, were quite inert. This ferment appears to lose strength very rapidly in solution, as the manufacturers now concede. The stability of the solid product is also far from satisfactory, and appears to be less than that of the ferment as marketed some years ago.

Below is given a table of sugar formation in ten minutes. Column A gives the weight of ferment required in each case. Column B gives the weight of sugar formed in each case.

	A.	B.
Panase	8.85	622 mg.
Holadin	9.79	634 mg.
Taka-Diastase	62.5	611 mg.
Diazyme Essence	163.4	633 mg.
Diazyme Glycerole	163.4	635 mg.
Vera Diastase Essence	238.1	630 mg.

Frederick Stearns & Co., "Patent Medicine" Vendors.—*Physicians who attended the Chicago session of the American Medical Association doubtless noticed while riding on the street cars the blatant advertisements of the headache remedy SHAC (Stearns Headache Cure). This nostrum, which seems to have been responsible for at least two cases of poisoning,* is put on the market by Frederick Stearns & Co., Detroit, a fact that was noted in these pages a few months ago. It was not unnaturally assumed that these Peruna-like advertising tactics had been adopted by an enterprising local representative anxious to make a "showing." The June issue of the *New Idea*—a monthly journal published by Frederick Stearns & Co. and devoted to advertising their products to retail druggists—shows that this assumption was not well founded. In their journal they inform the druggist that "a new series of SHAC street-car cards are now ready for use in the large cities."

The evils of the indiscriminate use by the public of such powerful and insidious drugs as are contained in the various headache remedies need no further iteration. The question has long since ceased to be an academic one, and no casuistic reasoning nor specious arguments can hide the fact that enormous harm is being done by the exploitation of these acetanilid-containing nostrums, and the medical profession has expressed itself in no uncertain tone regarding the matter.

SHAC, however, is not the only "patent medicine" put on the market by Frederick Stearns & Co. Just as extensively advertised—and in the same mediums, the street cars—are Zymole Trokeys "for husky throats." *Then there is Pam for the dyspeptic, a "tiny tablet of wonderful power," of which the modest statement is made that "every ferment of the digestive tract that is available is used in these tablets, fitting them for use in all kinds of indigestion."* Surely, with such drugs at their command, dyspepsia need give physicians no further cause for worry!

These are some of the products put on the market by Frederick Stearns & Co., and vigorously "pushed" by them in advertisements to the laity. A form which, while soliciting the patronage of physicians through the pages of medical journals, is at the same time furthering the interests of self-drugging and dangerous nostrum-taking, will be looked on with distrust and suspicion by the medical profession—*Journal of the A. M. A.*

Examination Questions Submitted by the Texas State Board of Medical Examiners at the Examination Held in Waco, June 30, 1908.

SURGERY.

1. How would you prepare linen and gauze for a surgical operation? 2. How would you treat a lacerated wound? 3. Give diagnosis and treatment of a varicocele. 4. Give symptoms and treatment of fracture of the clavicle. 5. What are the symptoms and treatment for stone in the kidney? 6. In what position would you dress the thigh after amputation of the lower third? 7. What is pyemia, its symptoms and treatment? 8. Name the inflammatory diseases of the bones. 9. How does nature repair a fracture? 10. What is caries, and what are the causes and treatment?

E. P. BECTON.

MEDICAL JURISPRUDENCE.

1. Describe the phenomena of death, and signs of same. 2. By what means may the dead be identified? 3. Describe asphyxia, and the conditions found after death resulting from it. 4. Give the post-mortem appearances resulting from acute and chronic starvation. 5. What are the common causes of death following criminal abortion? 6. What are the most important proofs of a living birth? 7. What is meant by infanticide? 8. Define illusion, delusion, and hallucination. 9. What is meant by a lucid interval, and what is the importance of its recognition? 10. Describe a post-mortem examination in a case of strychnin poisoning.

J. D. OSBORNE.

PHYSICAL DIAGNOSIS.

1. Give topography and method of palpating the spleen. 2. Give the differential diagnosis between cholecystitis, appendicitis, and gastric ulcer. 3. Describe a case of multiple neuritis. 4. Discuss enterostenosis and how to locate the obstruction. 5. What are the physical signs of a typical case of typhoid fever? 6. Differentiate between chronic parenchymatous nephritis and chronic interstitial nephritis. 7. How would you diagnose a case of gastrectases? 8. Differentiate between cardiac and bronchial asthma. 9. Differentiate between tabes dorsalis and multiple neuritis. 10. Give significance and diagnostic value of Kernig's sign, Von Graefe's sign, Dietl's crisis, Argyll-Robinson's pupil, Kopleck's spots, Romberg's symptom, and McBurney's point.

G. B. FOSCUE.

CHEMISTRY.

1. Differentiate the terms caloric and thermal unit. 2. What is the chemical effect of the galvanic current when applied to the human body? 3. Differentiate between a physical and a chemical change. 4. Give the definition of an acid. 5. What terminal end-

ings are affixed to the names of acids to distinguish the higher and lower acids of a related acid group? 6. The finding of an excess of chlorides and nitrites in a water supply would indicate what? 7. How would you determine the presence of hydrochloric acid (free) after withdrawal of a test meal? 8. Describe the poisonous effects of nitric acid, and say how you would antidote it. 9. Describe a method (test) of determining the presence of arsenic in stomach contents. 10. Name and describe two tests for each of the following abnormal substances found in urine: albumen, sugar and indican.

T. J. CROWE.

BACTERIOLOGY.

1. Name three culture media (omit agar). Describe accurately the manufacture of agar media. 2. What is the Widal reaction? (a) State its significance. (b) Describe accurately the steps you would take to obtain it. 3. Name three antibacterial serums in common use. (a) State theory of their action. (b) What is an homologous vaccine? 4. Define the following: (a) phagocytosis, (b) chemotaxis, (c) opsonin, (d) lysin, (e) ptomaines. 5. Describe the technique of staining with Gram's method. (a) State its significance. (b) Give formula of solution used. 6. Describe the two most common pyogenic bacteria, and name the bacteria found in erysipelas, cellulitis, and pyemia. 7. State accurately the steps you would take to stain, mount, and examine a specimen of (a) sputum from an advanced case of tuberculosis; (b) section through a diphtheria membrane in the trachea. 8. Name and describe a malarial parasite. 9. What bacteria are likely to be mistaken for the tubercle bacillus, and how may this error be avoided? 10. What is a diplococcus? Give the name of two pathogenic diplococci.

J. P. RICE.

OBSTETRICS.

1. What is meant by the term abortion? Missed abortion? Give causes of abortion; treatment of threatened and of inevitable abortion. 2. Define ectopic pregnancy? Classify, based upon the situation of developing ovum. Give diagnosis. 3. What equipment would you carry in your grip to a case of labor and your conduct of a normal case? 4. Give your management of the puerperium, including care of mother and child. 5. Give indications for the use of forceps. Describe application of forceps. 6. Name some pathological conditions met with in labor, causing delayed labor. 7. Give diagnosis of breech presentation. Mechanism of labor in breech presentation. Prognosis and treatment. 8. Give frequency, causes, diagnosis, prognosis, and treatment of face presentations. Mechanism of labor in face presentations. 9. What is version? Indications for it? Describe podalic version. 10. Define and classify embryotomy. Describe craniotomy, and give indications for it.

J. D. MITCHELL.

HYGIENE.

1. What are the normal constituents of atmospheric air? 2. What hygienic measures are advisable for the prevention and eradication of scorbutus? 3. What diseases are communicated by stool and sputum, and what are the best methods of prevention of communicatiou? 4. How would you care for an infant artificially fed? 5. Name the qualities desirable in water for drinking and domestic purposes? 6. Meution the sources of infection in tuberculosis, and describe suitable preventive measures. 7. What precautions are necessary, and what is the length of quarantine of (a) variola, (b) scarlet fever, (c) diphtheria, (d) yellow fever? 8. What occupations cause a predisposition to pulmonary diseases? 9. What is the difference between contagious and infectious diseases? 10. What methods would you prescribe for the care of a typhoid fever patient to prevent the spread of the disease?

J. F. BAILEY.

PHYSIOLOGY.

1. Describe the physiological action of gastric juice; of bile. Give the daily quantity secreted and chemical reaction of each. 2. What constitutes the cerebro-spinal axis? Give the relative position and function of the white and gray matter of the spinal cord. 3. Where are the following cerebral centers: expression, phonation, auditory, taste and smell? 4. Give the name, distribution and function of the third cranial nerve. 5. Give the essential difference between blood and chyle. 6. Give the name, number of each and the order of eruptiou of the temporary and permanent teeth. 7. Give the specific gravity, chemical reaction, average quantity in the body and normal constituents of human blood. 8. Describe the two routes through which lymph gains entrance to the general blood current; name the vessels through which it passes and into which it empties on each route. 9. Give the specific gravity, chemical reaction, daily quantity secreted and the physical composition of human lymph. 10. In what respect does the circulation of the lymph differ from that of the blood?

M. E. DANIEL.

GYNECOLOGY.

1. Define: (a) Menstruation, (b) amenorrhea, (c) dysmenorrhea, (d) menorrhagia, (e) menopause, (f) vicarious menstruation. 2. Define endometritis, acute and chronic. Name three forms and give treatment for each. 3. Name four classes of dysmenorrhea, and give treatment for each class. 4. Define: (a) Anteflexion, (b) anteversion, (c) retroflexion, (d) retroversion. Give remedy for each. 5. Define: (a) Vulvitis, (b) vaginitis. Give etiology and treatment of each. 6. Give operative technique for amputation of the mammary gland, and for what pathological condition would you advise an operation? 7. Name ten indications and five contraindications for abdominal section in operative gynecology. 8. Give differential diagnosis between carcinoma of cervix and submucous uterine fibroid. Give operative technique of suprapubic hysterectomy. 9. Give differential diagnosis between chronic cystitis and stone in the bladder. Give operative technique for removiug the stone and draining the bladder. 10. How would you prepare a patient for abdominal section? What are the three chief dangers of abdominal section and what would be the after-treatment from the first to the tenth day?

R. O. BRASWELL.

ANATOMY.

1. Describe the scapula and name the muscles attached. 2. Nam the bones and ligaments forming the ankle joint. 3. Describe th collateral circulation after ligature of the common carotid artery 4. Describe the rectum, giving its nerve and blood supply. 5. De scribe the stomach in detail. 6. Fully describe the inguinal cana 7. Give subdivisions of the abdominal cavity, naming the viscera i right hypochondrium. 8. Name the muscles that flex the leg o the thigh. 9. Name the flexer group of muscles of the forearm 10. Give the origin, course and terminal distribution of the grea sciatic nerve.

Substitute Questions.

1. Describe the collateral circulation around the knee joint. 2 Describe briefly the kidney.

W. B. COLLINS.

HISTOLOGY.

1. Define histology. 2. Name the layers of the retina. 3. De scribe the histological structure of the thyroid gland. 4. Describ the histological structure of the suprarenal gland. 5. Describe th phenomena of indirect cell division or karyokinesis. 6. Name th different forms in which connective tissue occurs. 7. Describe th histological structure of the liver. 8. Give histological structure o the neurons. 9. Differentiate the striated and non-striated muscula tissue. 10. Name the different cell formations in the body.

J. P. RICE.

PATHOLOGY.

1. Give pathology of thrombosis. 2. Give pathology of la grippe 3. Give pathology of dysentery. 4. Give pathology of syphilis. 5 Give pathology of acute endocarditis. 6. Give pathology of appendi citis. 7. Give Cohenheim's theory of tumor formation. 8. Give pa thology of tuberculosis. 9. Name the varieties of sarcoma from th kinds of cells that predominate. 10. Give pathology of simple anemia

J. J. DIAL.

DISTRICT SOCIETIES.

THIRD OR PANHANDLE DISTRICT.

The Panhandle District Medical Society met in Quanah July 14th and 15th. The meeting was called to order by the President, Dr. A. F. Lumpkin, of Amarillo. After the invocation by Rev. J. S. Jesse, ex-Senator D. E. Decker, of Quanah delivered the address of welcome. The Section on Practice was opened by Dr. J. M. Ballew, of Memphis, and the following program was presented: "*Volvulus, a Report of Case,*" Dr. R. D. Gist, Amarillo; "*Hydrotherapy,*" Dr. Geo. W. Carter, Plainview; "*X-ray Treatment of Skin Diseases,*" Dr. Geo. D. Bond, Fort Worth; "*Hereditary Plus Acquired Nervous Exhaustion,*" Dr. J. H. Turner, Fort Worth; "*Goiter and the Surgical Treatment, with Reports of Cases and Specimens,*" Dr. Chas. H. Harris, Fort Worth; "*Surgical Maniacs, Varieties and Causes,*" Dr. J. H. McLean, Fort Worth; "*Surgical Treatment of Wounds of the Extremities,*" Dr. J. H. Reeves, Decatur; "*The Country Doctor as a Surgeon,*" Dr. Sneed Strong, Bowie; "*Report of a Case,*" Dr. Hines Clark, Crowell; "*Medical and Surgical Treatment of Streptococcic Infection,*" Dr. Irl Dycus, Archer City; "*Peri-phalangeal Cellulitis,*" Dr. J. C. A. Guest, Wichita Falls. Addresses by the following: Dr. Mike Walker, Wichita Falls; Dr. A. C. Scott, Temple; Dr. H. D. Barnes, Tulia; Dr. H. Z. Pennington, Claude; Dr. J. N. Stoops, Estacado; Dr. Geo. T. Thomas, Amarillo; Dr. J. J. Hanna, Quanah; Dr. A. J. Caldwell, Amarillo.

All the papers were thoroughly discussed. The clinics were better at this meeting than ever before. Dr. Saunders did a double herniotomy. Dr. Small demonstrated the removal of ingrowing toe nails, and gave a splendid clinical lecture. The physicians and their wives never enjoyed a reception and banquet more than they did the one given at the home of Dr. and Mrs. G. W. Radford.

SIXTH OR CORPUS CHRISTI DISTRICT.

District Personal.—Drs. M. F. Vick, N. W. Atkinson and J. J. Boerum have recently been appointed to serve on the board of health of Alice, Texas.

EIGHTH OR DEWITT DISTRICT.

District Personals.—Miss Cassie Ledbetter, daughter of Dr. A. A. Ledbetter, of Hallettsville, died June 27th.

Dr. J. W. Burns, of Cuero, reached home July 10th from Europe, where has has been for the past four months.

NINTH OR SOUTHERN DISTRICT.

District Personal.—Dr. John T. Moore, of Galveston, is taking special work in Johns Hopkins Hospital, and will not return home until after August 1st.

TENTH OR SOUTHEASTERN DISTRICT.

District Personal.—Dr. and Mrs. W. B. Simmons, of Orange, have returned from a visit to St. Joseph, Louisiana.

ELEVENTH OR EASTERN DISTRICT.

The Smith County Medical Society met in Tyler on June 4th. Dr. Albert Woldert, Secretary, introduced the subject of examination fees for life insurance companies and stated that fifty-seven out of fifty-eight doctors in the county had agreed to demand a flat fee of $5 for a complete medical examination. A committee of five was appointed to have such an agreement made final. Dr. J. D. Phillips, Tyler, made some remarks on the subject of "*Functional and Organic Heart Disease;*" Dr. A. L. Hathcock, Palestine, talked on "*Medical Organization and Its Benefits,*" which subject was discussed at some length by all members present. After the meeting a banquet was greatly enjoyed by all.

FOURTEENTH OR NORTHERN DISTRICT.

The Dallas County Medical Society met in Dallas, July 6th, with thirty-two members present. The society passed a resolution to hereafter publish its proceedings in the *Texas Medical News*. Dr. A. P. Stone reported a case of "*Acute Lymphatic Leukemia,*" with demonstrations of blood specimens. Dr. J. C. Blair was received by transfer from Navarro county.

The Van Zandt County Medical Society met at Grand Saline, July 3, with seven members present. The program was as follows: "*Hernia, Diagnosis and Treatment,*" Dr. D. C. Darnell, Grand Saline: "*Enterocolitis in Children and Its Treatment,*" Dr. V. B. Cosby, Grand Saline. Drs. V. Bascom Cosby, J. H. Hendrix, Edgewood, and T. G. McEachin, Martins Mill, were received as new members. The society will meet in Wills Point, August 7th.

The Collin County Medical Society met in McKinney July 7th. On account of the extremely warm weather only ten members were present. The program was as follows: "*Laboratory Aid in Diagnosing Typhoid,*" Dr. J. E. Hunter, McKinney; topic for discussion, "*Social Features of a County Society.*" One new member was received, Dr. J. E. Norman, of Blue Ridge.

The Denton County Medical Society met in Denton, July 7th. Eighteen members were in attendance. The program consisted of papers on: "*Erysipelas,*" Dr. C. F. Rice, Sanger; "*Treatment of Frontal Sinus,*" Dr. F. U. Painter, Pilot Point; "*Bier's Treatment of Joint Affections,*" Dr. J. M. Inge, Denton; "*Typhoid Fever,*" Dr. J. L. Hooper, Denton; "*Reflex Symptoms Due to Displacement of Uterus,*" Dr. J. E. Copenhaver, Aubrey. Dr. D. F. Kirkpatrick, of Lewisville, presented a clinic at the society suffering from myxedema. Dr. J. C. Buster, of Pilot Point, was received as a new member.

The Hopkins County Medical Society met July 9th, with eight members in attendance. The program consisted of the following papers: "*Enterocolitis in Children; Pernicious Malarial Fevers.*" Dr. W. C. Stirling, of Sulphur Springs, verbally reported a case of abscess of the liver.

The Fannin County Medical Society met in Bonham, July 4th with twelve present. Dr. J. G. Baldwin, of Honey Grove, had a paper on "*Remittent Malarial Fever;*" Dr. W. H. Alexander presented one on "*Summer Diarrhea of Children.*" Both were thoroughly discussed. The society accepted an invitation to meet jointly with the Lamar County Medical Society at Paris in September. Dr. A. H. Williams, of Bagby, was received by transfer from Limestone county.

District Personals.—Mrs. W. E. Connor, wife of Dr. W. E. Connor, of Cumby, died recently. She was a sister of Dr. George Holderness, of Commerce.

Dr. C. A. Gray, of Bonham, after attending the A. M. A. meeting, spent the balance of the month in the clinic at Chicago and Rochester, Minnesota.

Dr. W. C. Kimbrough, Secretary of the Denton County Medical Society, spent the month of June in Chicago doing post graduate work.

Mrs. A. S. Mitchell, of Austin, mother of Dr. J. D. Mitchell, of Fort Worth, a member of the State Board of Medical Examiners, died suddenly, June 26th, at Dr. Mitchell's home. The remains were sent to Austin for burial.

Mrs. H. O. Stacy, wife of Dr. H. O. Stacy, of Waxahachie, died July 7th, after a short illness.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Cass County Medical Society met in regular session July 1st, with eight members present. The following papers were read: "*Bowel Troubles of Babies,*" Dr. J. M. McDuff, Atlanta; "*Pernicious Malaria,*" Dr. W. T. Sherman, Bloomberg. These papers elicited much intelligent discussion. The society is doing good work. Recently it ruled out physicians who partook of the benefits of society work without becoming members. Dr. J. J. Allen, of Bloomberg, was elected to membership.

The Red River County Medical Society met July 6th, with nine members in attendance. A case of "*Infantile Paralysis,*" which was presented by Dr. J. A. Chambless, Woodland, was discussed. Every one present seemed to take a great interest in the meeting and promised to put forth special effort to make the society one of the best in the State.

The Harrison County Medical Society met in Marshall, July 7th, with ten members in attendance. The program consisted of a paper on "*Fractures of the Spine,*" by Dr. T. C. McCurdy, Marshall. Dr. J. A. Moore and Dr. Holman Taylor were elected delegates to the International Congress on Tuberculosis, subject to appointment by President Cummings.

District Personals.—Dr. W. L. Durrum, of Jefferson, has returned to Madras, where he will continue to practice.

Dr. H. L. Ingrum, of Bagwell, has moved to Starr county.

COUNTY SOCIETIES.

NEW TEXAS MEMBERS OF THE A. M. A. FOR JUNE, 1908.

Dycus, Irl, Archer City.
Jackson, R. R., Dallas.
Leach, R. W., Bighill.
Mayo, O. N., McDade.
Ruhl, J. H., Galveston.
Schultz, W. M., Georgetown.
Siever, C. M., Alvord.

CHANGES OF ADDRESS FROM JUNE 25 TO JULY 25.

G. A. Johnston, from Terrell to Ahner.
A. C. Bramlett, from Terrell to Decatur.
C. H. Crawford, from King to Pidcoke.
W. E. Whigham, from Oglesby to The Grove.
J. I. Collier, from Galveston to Navasota.
A. R. Ligon, from Kingwillow to Maypearl.
J. H. Eargle, from Lamkin to Carlton.
M. M. Hart, from Slidell to Munday.
H. L. Hutson, from Trice to Groveton.
L. B. Roebuck, from Avoca to Anson.
J. J. Mead, from Bullard to Boggy.
W. F. Fields, from Midlothian to Falfurrias.

DEATHS.

Dr. Alexander M. Elmore, Dallas, died at his home June 20th. He was born August 20, 1837, in the eastern part of Missouri, where he lived with his parents until the age of 15, when he came to Texas and settled near the present town of Gainesville. Early in life he determined to become a physician, and began to read medical books at home. Later he studied under Dr. MacKenzie, at Paris, Texas. In 1861 he received his diploma from the Missouri Medical College of St. Louis. When the Civil War broke out, he enlisted

promptly in the Confederate army, and was assigned at once to the hospital corps. After the war he again took up the practice of medicine, locating at Pilot Point. On January 1, 1862, he married Miss Frances Deriskson, who lived until 1884. Nine children, six of whom are living, were born to them. In 1886, Dr. Elmore married Mrs. Mattie Crouse, who survives him. In November, 1888, he removed with his family to Dallas, where he won a place in the esteem of the people as an able physician and a Christian gentleman. In July, 1906, he was stricken with paralysis, which disabled him for the pursuit of his profession. He was a member of his State and county societies until the present year, having failed to renew through ill-health. He was an ex-president of the Dallas County Medical Society. He was buried in Pilot Point.

Dr. Evertt W. Woodson, of San Antonio, late of Cuero, died in San Antonio, June 28th, aged 77. He was born in Christian county, Kentucky, April 19, 1831, and graduated in medicine from the Medical Department of the University of Pennsylvania, Philadelphia, in 1854. He married Miss Mary Kay, and moved to that part of western Kentucky then known as "Jackson's Purchase," practicing medicine in that section until the spring of 1874, when he moved to Parsons, Kan., accompanied by his wife and two boys. After staying there ten years, his wife dying in the meantime, he changed his location to Eldorado, Kan. The past thirteen years of his life was spent in Texas, where he made his home with his youngest son, J. W. Woodson, at Cuero. The doctor was loved and respected wherever he was known. He was an active and energetic man, practicing his chosen and loved profession up to within a year ago, retiring from active practice when his son's family moved to San Antonio. Dr. Woodson was a consistent member of the Methodist church and a Royal Arch Mason at the time of his death. He had practiced medicine for fifty-three years.

Dr. J. Allen Yates, of Marfa, Texas, died at his home March 6, 1908, as the result of a severe pulmonary hemorrhage, on February 28th. When a young man he went to Chicago, and after completing his business education there, began the study of medicine. His health failing, he left Chicago in 1895 to travel through the West. He was so benefited by this change that for several months he was able to follow his profession in New Mexico. In 1897 he took a special course in surgery at the Medical Department of Fort Worth University, at Fort Worth. He then located at Ander. The following year he returned to Chicago for special work and completed the course at the Chicago Polyclinic. At Ander, Dr. Yates erected a private hospital and devoted special attention to surgery. He went to New York for further study and graduated from the New York Post-Graduate Medical School. In 1902, when a large part of the town of Goliad was destroyed by a cyclone, Dr. Yates was appointed surgeon of the temporary hospital. For his service and good management the people of Goliad presented him with a generous purse and a letter of commendation.

Seeking to improve his health by a change of climate he moved to Marfa, in 1904, and was benefited by the change. The demands for his time were greater than his strength could supply. During his residence in Marfa he served as surgeon and examining physician for the G. H. & S. A. He enjoyed the highest confidence of the people wherever he went.

BOOK REVIEWS.

Diseases of the Heart. By Prof. Th. von Jurgensen, of Tubingen; Prof. Dr. L. Krehl, of Greifswald; and Prof. Dr. L. von Schrotter, of Vienna. Edited, with additions, by George Dock, M. D., Professor of Medicine, University of Michigan, Ann Arbor. Octavo of 848 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5 net; half morocco, $6 net.

This book is one of the excellent monographs of Nothnagel's Practice. This volume contains the following subjects treated at great length: "Cardiac Insufficieneies," "Endocarditis," and "Valvular Disease," by Theodore von Jürgensen; "Diseases of the Myocardium and Nervous Diseases of the Heart," by L. Krehl; and "Diseases of the Pericardiu" by L. V. Schrötter. This is one of the first of the few c brated German works on diseases of the heart which has b translated and put upon the market as an American edit The book contains but five main subjects, but these treated so well, and at so great a length, that the present tion consists of more than eight hundred pages. The prin rather small, but is perfectly legible, and the English structions are of the best. This edition also contains q a number of clinical cases, giving the complete history, gether with numerous pulse tracings, tables, and temperat charts. This American edition, as is stated in the edit preface, has not been changed, except in a couple of stances, in meaning from the original, and, taken altogetl this book forms a worthy companion for the other class members which compose Nothnagel's Practice and is one the most authoritative treatises on the subject in the wo

Atlas and Epitome of Diseases of Children. By Dr. R. Hec and Dr. J. Trumpp, of Munich. Edited, with ac tions, by Isaac A. Abt, M. D., Assistant Profes of the Diseases of Children in Rush Medical Colle in affiliation with the University of Chicago. W 48 colored plates, 147 black and white illustrati and 453 pages of text. Philadelphia and Lond W. B. Saunders Company, 1907. Cloth, $5 net.

It is a fact to be regretted that the modern medical leges of today do not give enough attention to pediatr many giving insufficient clinics in this branch of medic thus leaving the student to gain his knowledge of this subj from text-books and the lectures. This volume is notable its great number and true life-like illustrations, which may studied without reference to the text, as detailed notes acc pany each picture. The most frequent diseases of childh as well as the rarer forms, are dealt with excellently and great length. The atlas also contains in the first part a sh treatise on "Anatomic Peculiarities," "Nourishment," a "Proper Method of Examining the Child." Gross and mic scopic pathologic specimens, as well as the appearance of disease in life, are handsomely portrayed. This little man is nice in appearance, complete in description, and exceller gotten up, and should be a great help to students of pedi rics.

Medical Gynecology. By Howard A. Kelly, A. B., M. L. L. D., F. R. C. S. (Hon. Edinb.). Professor Gynecological Surgery, Johns Hopkins Univers Baltimore. Octavo volume of 662 pages, fully ill trated. New Pork and London: D. Appleton Co., 1908.

This book was written more especially as a review modern medical gynecology. It shows the vast developm which has taken place in this field during the past two g erations. The vast number of men who have specialized this branch of medicine shows the great importance of work. The text starts out with some excellent advice the arrangement and furnishings of reception, consultat and examination rooms suitable for gynecological work. T portion of the first chapter given over to the methods of amination occupies considerable space and is abundantly lustrated. The second chapter is quite lengthy, and de with the "Hygiene of Infancy and Girlhood," containing large amount of information which should be servicea to the laity as well as to medical men. The rest of the b eontains strictly medical gynecology, giving the different fections, with their symptoms, diagnosis and treatment.

This volume is neatly printed on the best book paper, fully illustrated throughout, and will be a valuable addit to any doctor's library, and owing to the popularity and thority of the author is sure to have a wide sale.

BOOKS RECEIVED.

International Clinics, Vol. II (*Lippincott*).

Transactions of the Florida Medical Association, 1908.

Medical and Veterinary Zoology, index catalogue of (*St and Hassall*).

The Sexual Question, Forel (*Rebman*).

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
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VOL. IV. SEPTEMBER, 1908. No. 5.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

The International Congress on Tuberculosis meets at Washington, September 21-October 12, 1908, and section meetings occur September 28-October 3. This is the greatest Medical Congress that will probably meet on American soil during the lives of the present generation. It is the opportunity of a lifetime to attend. The meeting means a great public awakening in America, which will lead to better laws, better administration of hygienic regulations, better education on the part of the people, more intelligent and careful attention to diagnosis and treatment on the part of the medical profession—all to the end that untold thousands may be spared infection and early death. There will be notable exhibitions covering every phase of the subjeet during the entire three weeks. The program includes two plenary sessions, one on Monday, September 28, at which President Roosevelt will preside, and the other on Saturday, October 3. Each of seven sections holds two sessions daily. In connection with the Congress, a series of leetures is to be given in various Eastern cities by distinguished foreigners. Believing that the vast scope of the Congress can best be appreciated by a perusal of its program, we print in this issue the section work entire. Let every Texas doctor ask if he can afford to stay at home. So far, the Western Passenger Association has made no special rates to the Congress, but from Kansas City, St. Louis, Chicago, and New Orleans the summer rates have been extended to include the Congress. All who expect to go should apply to the President of our State Medical Association, Dr. H. W. Cummings, of Hearne, who will send credentials appointing any member of the Association an official delegate to the convention, entitling the holder to special floor and other privileges.

The Trial of Lunacy Cases.—The present method of trying lunacy cases in our courts is seriously at fault and ought to be corrected. The law is tenacious of its forms and precedents. Judicial reforms are difficult and slow. In this instance, however, the need for reform is urgent. No pains should be spared to correct this antiquated system which is out of harmony with the spirit of modern progress. Without attempting a discussion of the merits and demerits of the jury system in general, it may, we think, be justly charged that this system is nothing short of farcical as applied to the trial and determination of lunacy causes. The method of procedure now prescribed by statute is as follows: A complaint is lodged with the county court, by any one supposed to know, charging the suspect with being *non compos mentis.* A warrant is issued and the suspect is haled into court under arrest in the same manner and form as the ordinary criminal. The same procedure is gone through with to determine the question of sanity that any petty malefactor has to face. The State assumes the role of prosecutor and the county attorney is supposed to "stick" the unfortunate and to that end a jury of six laymen are brought before a lay judge, who hears a string of lay witnesses questioned by a *"lay"* lawyer, and the result is usually uniform—personal and private details of life and conduct are mercilessly made public and the victim often remains months in a county jail without medical care, during the period when the disease is most amenable to treatment. In a vast majority of the cases the supposed lunatic is later sent to an institution maintained by the State and becomes a dependent upon the body politic. Even the expert alienist often finds it a difficult matter to determine the question of mental responsibility. What, then, may we expeet at the hands of totally inexperienced jurors of an issue so abstruse. The abuses of the present system are not only fraught with danger to society by reason of the fact that many patients are sent to the asylums who might be retained at their homes and subjected to a rational eourse of corrective treatment, but others suffering with the most incurable and dangerous forms are not recognized early enough to remove a most serious menaee to the community. Often there is a conspiracy on the part of relatives to shift responsibility onto the State for the care of those whose maladies of mind are mild, and eonstitute no menace to themselves or others. The abuses of the present system are flagrant in many cases, to say nothing of unavoidable error which must necessarily result from so crude a system. Nothing

short of the most rational and scientific methods should be tolerated in the treatment of a question of so serious import. Less haste and more method should prevail, and to this end every court having jurisdiction in lunacy cases should have at its disposal a board of medical experts who should take all cases under observation and subject them to rigid examination, and whose recommendation should carry more weight than the mere opinions of lay jurors who have nothing but the uncertain statements of lay witnesses to guide them in the matter of adjudicating upon the question of mental responsibility. It is the duty of the medical profession to agitate this question, and it will be a reflection upon our spirit of progress and philanthropy if we cease to agitate it until the necessary reform is inaugurated.

What Constitutes Gross Unprofessional Conduct?—The new Medical Practice Act gives the State Examining Board the right to refuse examination and to enter suit to annul licenses of those guilty of "gross, unprofessional conduct." According to Assistant Attorney General Sluder, the State Medical Examining Board is the one to decide what constitutes gross, unprofessional conduct; that the Examining Board is established by legal enactment the same as the courts of the country and that the court can not constitutionally assume the right to prefer its own judgment on this point to the judgment of the body legally constituted for that purpose. If this opinion be correct, the Medical Practice Act is a much stronger instrument than was at first anticipated, and will enable the Board of Medical Examiners to enforce a high standard of professional conduct. The Principles of Medical Ethics, promulgated by the American Medical Association, and a part of the constitution of State and county societies, is a widely recognized authority as to what constitutes ethical practice. Practices which are discountenanced by this document may safely be assumed to constitute gross, unprofessional conduct.

The Mandamus Suits at Fort Worth on August 3d to compel the Board to issue licenses, and to restrain it from the revocation of licenses, were postponed, the plaintiffs practically acknowledging their lack of ground for action, and requesting time to mend their pleadings. The Examining Board was extremely anxious that these suits should be tried, in order that it might be directed in its future actions. The attitude of the Board, in general, is correct, and will be supported by almost the entire medical profession, in taking active measures to revoke licenses of all owners of medical institutes, and others advertising schemes which mislead and defraud the public, as well as those physicians grossly advertising in the daily press, or falsely claiming to be possessed of unusual powers or extraordinary remedies. The daily papers of the State, notably those which are bound by the "Red Clause" contract of the Proprietary Association, have attacked the announcement that the Board would annul the licenses of advertisers. The editorials inaccurately stated the position of the Board, and were also so manifestly in the interest of their advertising columns and the character of specialists there exploited as to carry little weight with the public.

Revoking Licenses for Advertising.—So many physicians are asking concerning the status of advertising under the recent resolutions of the Examining Board, that the following statements may be of interest. The State Medical Examining Board under the new law cannot revoke a license for any cause. The right to practice may be revoked only by a court. It is the duty of district and county attorneys to file suit and prosecute the same, in the name of the State, on the request of any member of the Board. In order to have a license revoked, it must be shown that the defendant is guilty of some of the acts for which the Board is authorized to refuse to admit persons to its examinations, namely: fraud or deception in obtaining licenses, conviction of a crime of the grade of felony or one which involves moral turpitude, or procuring, or aiding or abetting the procuring of a criminal abortion, or other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public, or for habits of intemperance or drug addiction calculated to injure the lives of patients. False reports in the newspapers have led physicians to believe that the Board would revoke licenses of those who advertise in the daily press. The Board has no such right, and will only have suit entered where public advertisements are of a character likely to "deceive or defraud the public," such as the guaranty of cures or the claim of unusual power for the cure of incurable diseases. The promising, or advertising of "No cure, no pay," is unprofessional, bad business, and bad common sense, but it does not furnish ground for legal action for the revocation of license.

Our Hat to Kentucky.—In the August issue of the *Kentucky Medical Journal* appears the following editorial, in which Dr. Arthur T. McCormack, the genial editor, and son of Dr. H. N. McCormack, who has done so much for Texas organized medicine, takes occasion to compliment this JOURNAL.

"*An Important Meeting.*—A most important opening was made at the Chicago session for a new cog in the magnificent organization our profession is forming. This was a banquet at which was finally launched the Association of State Editors and Secretaries. While at this preliminary meeting the social features largely predominated, there was a serious undertone to the whole affair which is an earnest of what can be accomplished hereafter. Comparison of methods, details of successes accomplished in one State can hardly fail to be of benefit to others. Dr. Walter Cheyne, of South Carolina, Secretary of his State Association, and one of the most

stinguished and accomplished of Southern physicians, was ected President, and Kentucky was again honored by hav- g the business manager of the *Journal*, Dr. South, elected ecretary. Three-fourths of the States were represented at e meeting. With such an auspicious beginning, the new or- anization, composed, as it is, of the salaried workers of the arious State Associations, can hardly fail to better qualify s members for their work. Especially noteworthy among ose present were Drs. Cantrell and Chase, of Texas, who anage the best of the State journals, and Jones, of Cali- rnia; Bulson, of Indiana; Jepson and King, of West Virginia, d a host of others, including Dr. Cahoon, the efficient ung lady, who is secretary of the Montana State Associa- on. It was good to be there, and next year when the new ssociation gets down to hard work we expect to record great ings."

It is gratifying to the trustees and editor to have ich words of appreciation spoken, even if they are not be taken in every respect seriously. We remember ne man who once asked: "What is the best medicine?" he answer to the question: "What is the best State edical journal?" would prove similarly complicated nd have to develop the needs and professional condi- ons of the various States. The *California State Jour- al of Medicine*, under Dr. Jones' able management, as long been the leading example of State journals, nd in the last few years the *Kentucky Medical Journal* as developed an initiative in reforms for better adver- sing, just insurance examination fees, and the expul- on of nostrums, which are not equaled by any other f the State journals.

Public Health Plank in State Democratic Platform.—On August 12th, the Democratic con- ention at San Antonio inserted in the State Demo- ratic platform the following plank: "We recommend hat our State Health Department be granted adequate uthority and ample means to properly safeguard the ublic health. In order to secure greater efficiency in ur public health agencies, so as to maintain the repu- ation of our State for healthfulness, we favor such egislation as will effect the purpose."

It is said that this is largely the result of efforts ade by Drs. W. M. Brumby, H. W. Cummings, Frank aschal, J. S. Lankford, and W. B. Russ. The plank oes not exactly pledge the party to a reorganization f the State Health Department, but of the three im- ortant factors in proper legislation—money, legal ower, and plan of administration—the most important f the three, money and power, are definitely stipulated. Ve believe the adoption of this plank will prove an mportant factor in the realization of a long desired mprovement in the State Health Department.

The Registration of Verification Licenses.—It was at first thought that, to be legally relicensed, ll former practitioners of medicine must, by July 12, 908, obtain and register a verification license. It is ow held by the Attorney General's office that verifica- tion licenses must have been obtained by July 12th, but that there is nothing in the new law which compels these licenses to have been registered by that date. In other words, any one having obtained a verification license, and having failed to register it by the above date, can register it at any time during the life of the present Medical Practice Act. This seems a reasonable de- cision, and will be gratefully received by a consider- able number who failed to record verification licenses by the 12th of last July.

State Medical Records Secured.—The Secre- tary's office has just secured a complete copy of the records of physicians so far licensed by the new Medical Examining Board under the present Practice Act. These records will bring up to date the card index of Texas physicians in the office of the STATE JOURNAL, and will form a foundation for a more accurate direc- tory of Texas physicians. This list will be used in the preparation of the forthcoming second edition of the American Medical Directory.

Medical Encampment and Fishing Tourna- ment.—The progressive Panhandle District Medical Society has just issued an announcement of its first annual encampment and fishing tournament on the Palo Duro Canyon, at the Skidmore Headquarters of the Hudson Ranch, eighteen miles southwest of Amarillo, on the 8th, 9th and 10th. Automobile transportation will be furnished at cheap rates and ample refreshments will be served on the ground. A large crowd and a fine time are anticipated. This reminds us of the medical camp meeting held by Dr. Richmond, of Clinton, Ken- tucky.

The Journal of the Tennessee State Medical Association began to be issued in June. Unfortu- nately, we have not seen the first two copies, but the August number is a very neatly printed, creditable little journal. The page is a 6x9 issue, and it contains only one advertisement—that of a medical college. It is filled with original papers and other discussions, with the exception of three pages of editorials which are modestly placed at the back of the journal. We are glad to welcome the Tennessee *Journal* into the family of medical publications devoted exclusively to the in- terests of the medical profession, and feel sure that it will prove of immense value to the Tennessee State Medical Association.

The Southern Medical Journal.—A new medi- cal journal of unusual promise issued its first number in July—*The Southern Medical Journal*, published at Nashville, Tennessee. Dr. J. A. Witherspoon is editor- in-chief, and among its list of collaborators are found twenty-five of the leading men of the South. It is pub-

lished on unusually good paper and artistieally printed. We are pleased to note in the editorial columns a statement that the profession of the South is assured that no advertising of questionable proprietary remedies shall ever pollute its pages, and that at a financial sacrifice the pharmaceutical houses in this country shall never gain control of the *Journal*. From the strength of its editorial management, its style and appearance, and its ethical standing on advertising, *The Southern Medical Journal* is one of the few which are beginning to form a nucleus for the gradual reformation of Amerieau medical publications. We indorse its position, and commend the *Journal* to our readers.

Editorial Correction.—In our August issue, we stated that the State Medieal Examining Board had taken steps to revoke the license of Dr. G. S. Lineoln. We are glad to state that, since receiving this information, we learn that Dr. Lincoln severed his eonnection with the objectionable State Medieal Institute of Fort Worth, and the Board stopped proeeedings against him. We are glad to make this correetion in justice to Dr. Lincoln, and also to note that the Texas Medical Institute, after temporarily securing another medical conductor, ceased its advertising, and we understand left the field one week after the last meeting of the State Examining Board.

Editorial Correction.—After announcing in the July issue changes made in the requirements for admission to medical study by the State Board of Medieal Examiners, we said "the above requirements will admit students to any medical college in this State for 1908. Students matriculating in 1909 and thereafter will be required to make two additional units each year until fourteen units are obtained."

Dr. W. S. Carter, Dean of the Medical Department of the University of Texas, writes us:

"This statement is inaeeurate and misleading as far as the requirements for admission to the Medical School of the University of Texas are eoneerned. The University of Texas now requires eredit for fourteen units for full admission. Those who enter in 1908 will be admitted with credit for eleven units (eight from preseribed and three from eleetive subjeets); conditions in three eleetive subjeets will be allowed until the Sophomore year.

Those who enter in 1909 will be required to obtain eredit for fourteen units at the time of entrance. In 1910, one year of college work, in addition to the high school eourse, will be the minimum admission requirement."

We take pleasure in presenting the correetion, as our language expressed the minimum requirements of the State Board and not those of individual schools.

ORIGINAL ARTICLES.

INSTRUCTIONS ON THE QUESTIONS OF VENEREAL DISEASES AND SEX, ADDRESSED TO THE WOMEN OF OUR STATE IN THE INTEREST OF THE HOME AND PUBLIC HEALTH.*

INTRODUCTION—ATTITUDE OF THE PROFESSION TOWARD THE QUESTIONS OF SEX AND VENEREAL DISEASES.

The first question to be asked in proclaiming any propaganda of education or reform is whether there exists the necessity for it; if it is worth while; does duty impel it? Applied to the questions under discussion, the medieal profession finds itself peculiarly situated. Having the knowledge of disease and the art of healing, the physician is ethically and morally obliged to render relief when and wherever called, preserve the life and health of those entrusted to his care, and in a larger measure, sociologically, to protect the public health from disease and benefit the higher interests of society. Being thus plaeed, by virtue of his ealling, it is no self-imposed task that he assumes when he seeks to shield the home from diseases that are destructive and preventable. In so doing he is eertainly performing his highest soeial and moral duty.

Venereal diseases, together with the destroying hand of tubereulosis and the intemperate use of alcohol, have been styled "the three great modern plagues." The first of the three causes the most suffering and death and is the most difficult of eontrol. Already public sentiment is alive to the evils of alcohol, and corrective measures are now being taken. The erusade against the great "white plague" has begun to have its influence on the public mind. As yet the "venereal peril" is under ban. Affecting as it does the dearest and best interests of the home and society, and destroying in its wake more people than all other diseases combined, it should receive the most prompt and earnest consideration. Shielded under the mantle of secrecy and social eonventionality, the public has been kept ignorant of its real nature and extent, and enlightened sentiment still decries any manner of education on the subjeet.

Who can look with equanimity upon the suffering and shame these diseases have brought in the home, infecting, as they have, the innocent wife who so confidingly plaeed her trust in the man she loved; destroying her powers of conception and blighting her hope of maternity; consigning her to a life of broken health and often subjecting her to dangerous operations in an attempt to save her life; limiting her usefulness and influence in the home and society, by destroying her capacity for work, and depriving her of that subtle influence that has always been the inspiration of mankind? Who can condone conditions that transmit diseases and stigmata to inoffensive unborn ehildren affect their physical, mental and moral development and entail vast suffering, shame and destruetion; these deterrent influences on the mental and moral growth of people being felt by sixteen million persons computed to be infected with these diseases in the United States alone!

*Read before the Seetion on State Medicine and Public Hygiene, State Medical Association of Texas, Corpus Christi, May 13, 1908; endorsed for publication by the Section and referred to the Board of Trustees.

With these conditions present, may it not be concluded that there is no field in medicine where the physician's influence is more urgently needed and where prophylactic measures (the highest expression of medicine) could be more beneficially practiced?

Discussions of this nature, confined to the deliberation of scientific bodies and limited to the exclusive circulation of scientific and medical journals, alone, will effect very little. The masses, and the women in particular, who should be informed on these matters are not reached. One year ago the Section on State Medicine and Public Hygiene of the State Medical Association of Texas appointed the authors of this report as a committee to draw up a document suitable for public circulation to assist in the education of women on the subject of veneral diseases. It is hoped this report may reach a large number of the women of Texas, aid in their instruction, and that they may, in their own deliberative bodies, solve the questions that will inevitably arise. It is not advocated that discussions of this character be public or promiscuous, but conducted with the privacy and decorum upon which the noble womanhood of this State would insist.

CONCERNING THE NATURE AND EXTENT OF VENEREAL DISEASES.

Information on any question is the first requisite to its intelligent discussion. For that reason we here present some of the facts regarding the two most prevalent of the venereal diseases known, respectively, as gonorrhea and syphilis.

1. *Gonorrhea.*—This is an infectious disease caused by a specific germ. It is a disease of civilization, and is found in every class of society. Its prevalence is so manifest that it has become a menace to our racial integrity. By being regarded as an immoral disease, through fear and shame and under the ban of discussion, it has spread like "the green bay tree." So prevalent is it that it is asserted "three out of every four men" have been contaminated with the disease, some time or other; and after it has assumed the chronic state that only about "three out of every ten" cases are cured. Again, often in cases supposed to be cured, it will remain dormant in the diseased organ for years, until a favorable time arises when it will develop its infectious nature again. Thus it happens that from two to three out of every ten marriages are infected with this disease.

Its course can be plainly traced. The husband, believing himself cured, marries the woman of his choice. In the course of sexual congress he deposits this attenuated germ in the folds of the vagina or about the neck of the womb, where it remains in a quiescent state until the mucous membrane of these organs affords favorable conditions for the growth and development and exhibition of the virulent nature of the germ, when these parts become in turn infected. Most often this process is so gradual that there are no symptoms to suggest the character of the condition. In fact, very few wives ever suspect their husbands, innocently ascribing their broken health to other causes.

This disease is responsible for "seven out of every ten" cases suffering from pelvic inflammation; for every abscess of the tubes and many that form in the broad ligaments, and for two-thirds of all cases of endometritis (inflammation of the mucous membrane of the womb).

The vascular changes in the genital organs due to menstruation and labour make the woman very susceptible to the development of the disease, and when once infected the trouble spreads by continuity of tissue from its starting place until every organ of generation becomes involved, including not infrequently the peritoneum. Through the lymphatic system and blood-vessels it may cause serious affections of other parts of the body. The germs have been found in every organ. It is responsible for some of the most painful and serious forms of rheumatism and deformed joints. It is responsible for the semi-invalidism of great numbers of women; for many cases of painful and suppressed menstruation and those trying nervous symptoms so generally complained of, as the result of the irritation caused from the diseased organs.

In man the folly of his youth is often punished by the most intense suffering and the loss of his sexual vigor.

It is estimated that from "one-fourth to one-half" of the cases of blindness are caused from the vaginal secretions, charged with these germs, infecting the eyes of the infant at birth.

Every mother has known of young girls, mere children, having had a purulent discharge from the vagina. These cases are nearly all due to this infection being conveyed by bed clothing and other conveyances contaminated with the germs, derived from an infected case in the home; thus, sad it may seem, these cases often result in serious complications in after years.

Every normal, married woman desires and expects a family, and yet one out of every seven homes are denied this privilege. One-half of these cases are chargeable to the effects of gonorrhea. While pregnancy may occur in many instances with this infection, when the appendages once become involved, mechanical obstruction of the tubes results, which entirely prohibits conception. However, sterility from this cause is not always due to the fault of the wife, as one-third of the cases are traceable to the devastating effect of the disease on the husband. Add to this the large number of cases of abortion due to the same cause and we see the rôle gonorrhea plays in the question of race suicide.

2. *Syphilis.*—Like gonorrhea, syphilis is a disease of society. Though not so prevalent, it is more far-reaching in its baneful effects, as it not only affects the individual, but is transmitted to the offspring as well. It is more strictly a disease of the blood, and is not necessarily venereal in its origin. In its acute stage it is manifested by ulcerations at the time of infection; later on by eruptions on the skin and mucous patches in the mouth and throat. Passing to the chronic stage it is capable of affecting every organ in the body, producing most serious derangements of function and bodily deformities, lasting often through life. It affects directly the germinal cell, thereby transmitting the disease itself, or some form of degeneration, to the offspring. The most painful and intractable nervous diseases, insanity and physical and mental incapacity, owe their origin to this cause.

In the married state, the disease, at first, is rarely ever manifested by any outward sign, as the husband, before contracting marriage, believes himself cured. But the virus, for a time controlled by suitable treatment, again becomes virulent and infectious. While it is so, the husband may infect his wife during sexual congress through apparently insignificant abrasions, or papules, or from ulcerated membranes of the mouth or

lips through kissing, or by means of utensils in common use. Infection under such circumstances will manifest all of the usual symptoms of the disease.

After an indefinite period of a few years the disease may lose its infectious nature by contact, but not its power to still infect the wife. While the syphilitic sperm is not inoculable when it impregnates an ovum, it is capable of generating a syphilitic fetus, which will in turn, through the placental circulation, contaminate the mother. Infection from this source differs from the other, in that there are usually no apparent or outward manifestations. But its effect may be seen in after years by weakened and disabled organs, with no suspicion of the real cause and often leading to embarrassment in the proper management of the case.

While despoiling the home is unjustifiable, the transmission of the disease to the unborn child through inheritance is less to be condoned. Either parent, when syphilitic, can infect the fetus through the germinal cell, or the mother can affect it through her own placental circulation, or the fetus can become infected during the process of labor if the mother has become recently contaminated. The weakened organisms and dystrophies so inherited are still capable of being transmitted to the third generation.

It is estimated that 42 per cent of all abortions and miscarriages are the result of this blight. Most all full-term, still-born births are caused from the same. One-third of those born alive do not survive the first six months. Many that are thus born show syphilitic symptoms from the beginning; those that do not are either affected at a later period, at puberty, or in the vigor of manhood or young womanhood. Escaping this, they are eventually handicapped by a lessened resisting power, impaired organs, or deformities, and a weakened capacity for mental and physical growth.

Syphilis in the home is a grave danger. In trying to hide its existence from the family, appropriate treatment is more difficult to carry out. As a consequence, the most serious after-effects are often here encountered. A person contaminated is a menace to the household so long as the period of infection exists.

There are many peculiarities regarding the disease. A syphilitic husband or wife may have a perfectly sound child. Also a normally healthy child may be born to the same parents after one that was syphilitic. The father may procreate a syphilitic child and the wife escape infection.

The disease under appropriate treatment is curable, though the period when it may be considered so is difficult to determine. Marriage, then, under proper circumstances is permissible. But no absolute certainty of immunity can be promised any woman marrying a man who has once been infected.

THE PRESENT STATUS OF THE SOCIAL EVIL, THE NATURE OF THE SEXUAL INSTINCT, AND SOME PROPHYLACTIC SUGGESTIONS.

There is a public sentiment against any discussion of questions touching on the private relations of the family, or immoral practices. The unwritten law imposing silence on such matters is generally respected by society. Any disposition to disregard it is usually met with disapprobation, if not with intolerance. Society might be allowed to continue in this time-honored custom but for the danger of ignorance and the destructive germs of diseases that have found their way to its core and now threaten its very existence. If the purity an honor of women and the sacredness of the home are t be maintained they must be protected from shame an dishonor brought upon them by this peril. To do thi it is necessary to fearlessly and at any cost break dow old conventionalisms and deep-formed prejudices tha have so long influenced public sentiment. Therefore it is without apology, and with a sense of duty lon delayed, that these matters are now presented in n unmistakable language.

Several formidable causes contribute to the difficult of the task, the principal one of which is the associa tion of venereal diseases with prostitution. So far a this practice is a cause of dissemination of these dis eases, it is indissolubly connected with any measur leading to their eradication. However, it is not th question of prostitution primarily that is here consid ered, but how the home is to be protected from th venereal peril. Prostitution is the result of condition imposed by natural impulses, uncontrolled by the highe moral faculties, or, as some one has expressed it, "th unchastity of man and the frailty of woman" is responsible for its domination, and, if the history of the past teaches anything, it is that prostitution will probably continue to exist as long as time lasts. All laws of repression enacted in this country and in Europe have failed in their purpose. If it is ever controlled, it will be by educating the public to the full realization of the consequences of venereal infection, and by safeguards thrown around the conditions of marriage.

Again, there is a wide misconception concerning the nature of the sexual instinct and its relations to immorality. This instinct is the most dominating in man, and nature designed that it should be strong. Its control under moral and intellectual restraint develops the best that is in man. It is the strongest incentive to love and to live the Christian life, a mysterious impelling force that influences every motive and action of the will, and from which springs all hope and the inspiration to right living. It should be the business of society to conserve this force rather than to stifle it by abuse on the one hand and a false sentiment on the other. The institution of marriage is intended not only for the perpetuation of the race, but for the control of this instinct under normal and hygienic conditions. It is given to man alone the privilege of regulating the number of his offspring. The indulgence of this natural and impelling impulse, in the marriage state, makes for the purity of the home and the stability of society. It is only immoral when this indulgence is sought outside of the home. And the cause of it is due to those conditions of society, and hereditary influences that develop types of women with weak or negative sexual impulses. As a result of this the wife is frigid in her nature and is insensitive to the importance of this indulgence to the welfare of the home. The husband too often, feeling the disappointment of this unresponsive love when not restrained by stronger moral influences, becomes unfaithful to his marriage vow. While his action can not be excused on any moral ground, it is, nevertheless, condoned as a necessary relief to a controlled passion. It is in this way that the home also becomes exposed to infection from the "venereal peril." While the right to live an immoral life may not be denied any person, society can demand that the indulgence in such a privilege shall not bring injury to another. As in case of danger from

smallpox or yellow fever, society has the right to restrict individual liberty in the interest of the community.

Soeiety fails to appreciate the rôle this instinct plays in the life of woman. It has been said that the existence of a nation depends more upon her virility than that of man's.

Society is again wrong in sanctioning a double standard of morals; a code that exeuses unlicensed indulgence on the part of man and condemns it in woman; that receives the offending man into the home without question or disfavor and consigns the woman to a life of infamy and shame.

Now to eorrect these unnatural tendencies it is obvious that a ehange of sentiment must be brought about. And this is the task of all right-minded persons having humanity and the interest of society at heart. The formation of customs and beliefs is an evolutionary process. Tendencies working in one direction result in the formation of a belief which in the eourse of time dominates the actions of the people. So, it is in this manner we may hope to see in the future the harmonious adjustment of these matters.

Human nature is intolerant of restrictive measures, and hence any laws aiming to regulate marriage will meet with disfavor, yet society owes it to itself to impose sueh safeguards on the conditions to marriage as will insure safety from infectious diseases and such of the degenerate tendencies that may be inherited. An intelligent people might be entrusted with the greatest freedom in the matter of marriage, as the mating instinct is intuitive, but to insure safety in the exercise of this inherent privilege there must be a thorough knowledge of the eonsequences of an unclean marriage.

It would not be infringing on the personal rights of the individual to enact sueh laws as would hold the party responsible who would infeet another with an infectious venereal disease. Nor would it be impracticable to enact a law giving to the contraeting parties in marriage the right to demand of each other a certifieate of health. Such a certificate to be granted under prescribed conditions, not to be mandatory upon all, but available to those who may desire it. The success of such laws would depend upon the education of the publie and the predominance of the moral instinct in society.

Education in these matters should begin with the child, and the first step to take is to permit instruction in these matters in the publie schools. It should be given by persons competent to instruet and specially selected for this purpose. It should begin at the age of pubescence and carried through the college coursc.

Boys should be taught the nature and purpose of the sexual instinet; the necessity of living a wholesome and eontinent life for the better development of their mental and moral natures and to transmit virility to their offspring. They should be instructed in the harmfulness of sexual abuse, and the moral degradation of an unchaste life. They should be taught to respect the virtue of woman as beyond price, and that there is no double standard of morality—one for man and one for woman. They should understand the purposes for whieh marriage was instituted; to respect it as the highest privilege society can give, and not to debase it by the overindulgence of a selfish sexual desire, but to master control of his passion by bestowing a tender affection and love on the wife whose sexual temperment demands this eonsideration as the price of connubial happiness. They should be taught the nature and souree of venereal diseases and the uncertainty of their cure; also the danger of infecting the family and the direful consequenees following. They should understand that a wholly continent life is perfeetly consistent with the physiological requirements of the body, and it should be followed as the only safeguard against venereal infection.

Girls should also be instructed in the nature of the sexual instinct. The ideations and new sensations that come to her awakening mind should be carefully explained to her. Innoeence is not ignorance of the physiology of sex, but the knowledge of what should be normally expected and the influences that should be avoided. These matters should be taught her in such a manner as not to raise a morbid curiosity or offend her innate sense of modesty. It should be given along with her mental and physical development. And when maturity is reached she should be further instructed in the processes of ovulation and menstruation and the moral responsibility of abortions and illegitimacy. She should know what is meant by the normal regulation of sexual congress and what advancements to expect from her husband when she becomes a bride. She should also be informed as to the nature of venereal disease and the risks she incurs in contracting an unclean marriage.

With all our boasted morality and standards of ethics and education, it must be admitted that man is impotent to bring about this needed reform, nor can the State do so. It is left for woman to emancipate herself from this shameful condition that society has imposed upon her. To do this is her work for the future, and it is a duty that she owes not only to herself but to society. Her influence has ever been the inspiration to higher ideals, and to her we respectfully appeal in noble admiration.

Malone Duggan, San Antonio,
Chairman;
J. M. Frazier, Belton,
W. W. Long, Sulphur Springs.

DENGUE.*

BY

M. L. GRAVES, M. D.,
GALVESTON, TEXAS.

Permit me to call attention to a few observations made on cases appearing clinically to be dengue, from the recent epidemic occurring in Galveston. For the purpose of this paper I have selected, out of a limited number of cases, eight records which fairly disclose the features to be emphasized. In the absence of a definite micro-organism, we must yet rely upon our clinical symptoms and laboratory findings. In the accurate study of clinical cases so many sources of error must be recognized and avoided, that any observation tending to elarify the recognition of this disease is welcome.

First. *The Pulse.*—We have been so often told by Faget, Guiteras and others, that the falling pulse with the rising temperature is a leading feature of yellow fever, that we may overlook or misinterpret the slow pulse, which undoubtedly occurs in some cases of dengue. Not the true Faget pulse, but a slow pulse in proportion to the temperature. For example:

*Read before the Section on Medicine and Diseases of Children, State Medical Association of Texas, Corpus Christi, May 13, 1908.

No. 1—Temperature, 102; pulse, 68 on admission.
Later: Temperature, 101.6; pulse, 72. Temperature, 101; pulse, 72.
No. 2—Temperature, 103; pulse, 96. Temperature, 101.8; pulse, 96. Convalesence showing 56 to 70.
No. 3—Temperature, 103.2; pulse, 96.
No. 4—Temperature 103.8; pulse, 96.
No. 5—Temperature, 102.2; pulse, 88.
Later: Temperature, 103.4; pulse, 104.
Later still in second period: Temperature, 101.4; pulse, 60.
No. 6—Temperature, 103.2; pulse, 108.
Next day: Temperature, 101.8; pulse, 80.
No. 7—Temperature, 101.8; pulse, 80.
Next day: Temperature, 103; pulse, 82.

In my own case at no time was the pulse 100, although the temperature reached 104, the pulse ranging from 72 to 90.

Jackson in *Tropical Medicine* says, "The pulse is in correspondence with the temperature, and is hard and bounding." Manson implies a similar condition by saying nothing to the contrary, and positively stating that in severe cases the pulse has risen to 120 or more, with a temperature of 103 to 105 degrees. Osler contents himself with saying, "The pulse is rapid." French in his recent text-book states, "The pulse increases with the rise of temperature, reaching 100 to 120." Tyson states, "The pulse is frequent, 100 to 120, rising and falling with the fever." Neither of these authors recognizes or mentions the disproportion between the pulse and temperature.

Reports of the Brownsville epidemic in August, 1907, made by Drs. Joseph Goldberger and G. W. McCoy, United States Marine Hospital surgeons, in the *Journal of the A. M. A.* say, "With the rise in temperature the pulse beat increases in frequency, and in *most instances continues to rise and fall with the rise and fall of the temperature.*" While they met no case of Faget's pulse, still they record one case of progressive rise of temperature during the first two days to 104.2, while the pulse remained stationary at 98 and 99.

It appears to me from my recent experience that a slow pulse, in proportion to the temperature, and not produced by medication, sometimes exists in dengue, but that it is not a true Faget's pulse.

Second. *The Urine.*—I only wish to call attention to the presence of a positive Diazo reaction in five of these eight cases, in all, save one, of which typhoid was excluded by the clinical course and negative Widal, and no other condition was found to account for it. I am not aware what, if any, value this reaction may have in dengue, as we find it in many other conditions, but I have seen no observations on this point in dengue, and Dr. Corput, the Marine Hospital surgeon at this point, advises me that the reaction was never present in his experience, covering about 2,000 examinations of urine in yellow fever. Hence this reaction might become of some value in differentiating these two diseases. The presence of hyaline and slightly granular casts and albumen were reported in several of my cases, and they represent an average hospital attendance, but I have not followed the cases since, nor do I know that this condition did not exist prior to the attack of dengue.

No jaundice was noted in these cases, but I apprehend that this pulse and temperature showing, together with the urinary exhibit, might cause one to hesitate in doubtful or disputed cases.

Third. *The Blood.*—The only marked feature was a leucopenia, the leucocytes ranging from 1350 per cu. mm. to 7600 in the highest, or an average of 4179 in the eight cases. The two lowest being 1350 and 2900, a the two highest being 5200 and 7600. The R. B. and Hb. showed no significant changes. Making allo ances for error, and eliminating the other diseases, th produce or have associated, a hypoleucocytosis, it see that dengue is accompanied by a distinct decrease the white cells in many cases. This is contrary to t experience of Jackson, who states that a leucocyto was the rule in the cases he studied in the Philippin but the cases reported by Sutton and Carpenter Panama, showed a decrease of the white cells. Findi a leucopenia I would feel called upon to eliminate tube culosis, typhoid or malaria, especially in this climate the early stage of the disease. Later, of course, t clinical history would probably remove all doubt.

The cases above noted presented the usual onset ar clinical picture, such as fever, intense pain, glandul enlargement, eruption, etc., and in none of these cas was yellow fever considered as entering the differentia

The only points sought to be emphasized are the thr above mentioned, as this is not a critical study of t disease.

DISCUSSION.

Dr. J. Greenwood, Seguin, said variation of pulse is four in other fevers. He had a patient with typhoid fever havin a pulse of 80 and temperature of 105. Dengue is frequentl accompanied by albumen in the urine. Bright's disease sometimes caused by it. Dengue frequently complicates diseased kidney, preventing its return to normal.

Dr. S. C. Red, Houston, said several years ago a Marine Hos pital surgeon read a paper in which he said that dengue, a companied by jaundice, was always yellow fever. He believe that yellow fever aud dengue are distinct diseases and is gla to see that the Association is realizing this fact. Says ther are undoubtedly two types, one with the slow pulse and th other with accelerated pulse.

Dr. J. W. Torbett, Marlin, saw a great many cases las year and also in 1897. Many cases in the fall of 1907 wer very severe because the patients had also other diseases Made blood examiuation in quite a number and found n micro-organisms. Made no blood count, but the extrem asthenia in all cases would indicate leucopenia as found b Dr. Graves. Found albumen and tube casts in several case Nausea and asthenia present in many cases. Those who use Howard's mosquito lotion (ol. lavender, dr. 1, alcohol au castor oil, aa. oz. 1) day and night, or the bar at night an lotion during the day, did not take the dengue. When i started in a hotel it affected almost every one except thos who used lotion or bars. Kept it out of his own institutio entirely by that means. The Russo test was used in my firs case only and proved positive. Diazo test not used. Prophy laxis is the same as for malarial and yellow fevers. Erythem and rash were not so common as in 1897.

TONSILLECTOMY AND ITS NECESSITY *

BY

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I will first briefly outline the pathology of the faucial tonsil, quoting from the second edition of Shurley's "Diseases of the Nose and Throat."

"*Hard Tonsil.*—True tonsillar hypertrophy presents, pathologically, a very decided increase in the stroma—the connective tissue—with a corresponding diminution of the number and size of the lymph spaces. The increase of the connective tissue elements is not always confined to the stroma, however, for the lymph spaces and capillaries are also reinforced

*Read before the Section on Ophthalmology, Otology, Rhinology and Laryngology, State Medical Association of Texas, Corpus Christi, May 13, 1908.

by connective or fibrous tissue and are thereby contracted. The increase of connective tissue is not readily accounted for, and there are various views among pathologists regarding the initial and subsequent steps of the process. The generally received opinion, however, is that the beginning is an irritation of the vascular tissue and the result is the hypernutrition of the part. Another hypothesis is that some abnormality of the lymph or of the attendant secretions acts as a primitive irritant. This comports with the modern view that the tonsil can readily absorb to its inner lymph spaces all sorts of foreign material, proteid or crystalline. However, in those cases that follow the exanthemata or diphtheria, the starting point is undoubtedly a specific inflammation of all the structures of the glands. The vascular system as well as the lymph channels of the part are thus deranged, and if the irritation continues there will be exudation and interstitial changes in these tissues, which may determine an increase of connective tissue about the blood and lymph vessels, with a corresponding destruction or diminution of the surrounding lymph spaces—a permanent hyperplasia. The pathologieal rule, that wherever there is a continued irritation of the tissues there is a tendency to the increase of connective and fibrous, holds good here as everywhere in the body.

"*Soft Adenoid Tonsil.*—In enlarged, soft tonsil the pathologic change seems to be of a different character, inasmuch as there is little or no increase of the stroma excepting by the formation of little bands, or trabeculæ, of the connective tissue running through the enlarged spaces from one to another. The capillaries are enlarged and varicose and their contractility is impaired, while their follicles are themselves enlarged and their involuted endothelial lining changed and of low vitality. The secretion of the follicles of the tonsil, owing to a continual passive congestion, is more active, but contains other cellular elements, such as altered leucocytes and epitheloid bodies. This is also true of the atrophied 'concealed' tonsil."

Quoting from Lenox Brown's "Throat and Nose and Their Diseases":

"Calcareous concretions are not infrequently developed in the crypts of the tonsil, whence they are extruded or require to be removed. They were until very lately considered as due to degeneration of the arrested lacunar exudations, but it is now generally recognized that all tonsillar and pharyngeal concretions are of parasitic origin, the nucleus being mainly composed of leptothritic debris, and that the microscopic features and chemical reactions of the tonsillar concretions are identical with those observed in the incrustations of dental tartar. That the origin of these formations is parasitic is undoubtedly true, but that they are composed of broken-down epithelial matter, which becomes calcareous, can not be denied."

Dr. Charles M. Robertson, of Chicago, in a paper read at the fifty-fourth meeting of the American Medical Association, said:

"In reviewing the literature on diseases of the tonsils, at as early as 10 A. D., the medical men of that age recognized this structure as the seat of disease, for at that time the gland was operated on and completely extirpated. In the works of Celsus (10 A. D.) we find tonsillotomy spoken of as a common practice. It was accomplished either by dissecting with a bistoury or by the finger nail of the operator. Not much later did the profession become aware of the dangers of the operation, which commonly came to be considered dangerous from the fact that cases occurred in which death from hemorrhage followed. It was in the fifth century that medical writers first advocated a modified operation for the relief of enlarged glands in this region. Aetius (490 A. D.) advised the removal of only that part of the glands which protruded beyond the pillar of the fauces. In 750 Paulus Agineta advised grasping the gland with a tenaculum, drawing it well out of its position and 'cutting it out by the roots.' He limited his cases, however, to those in which the tonsils were white and contracted, with a narrow base. He advised against operation on inflamed tonsils. Albercasis (1120) had the same ideas, showing that the fear of hemorrhage had gained a firm foothold in the minds of medical men of this day.

"After this period the operation became obsolete, and in the work of Pare (1509) mention is made of a performance of tracheotomy where there was a serious enlargement of the tonsils. He also mentions ligature of the glands, but advised against excision. In 1549 it was suggested to loosen the gland around its edges and then tear it out by grasping it with volsellum forceps. As the operation was not easy and dangerous, great care was enjoined. In 1637 Servérini, during an epidemic of tonsillitis at Naples, removed large portions of the gland, using caustics when they were sessile, a hook and semi-circular knife when pedieulated. In 1672 Dionis advised against the operation in any form, as in his opinion the tonsil had a physiologic importance which should not be sacrificed. He did not believe in taking even a small piece away. Many surgeons wrote adversely to the operation. Among these was Heister (1683), who said: 'The operation is not only too severe and cruel, but also too difficult in its performanee to come into the practice of moderns on account of the obscure situation of the tonsils.'

"After 1740 the operation with the tenaculum and bistoury was again eommonly practiced. It was brought again into practice by Masaeti and Wiseman. Wiseman first ligated the gland and then cut away the projecting portion. In 1757 Caque commenced excision again at Hotel Dieu of Rheims and proved that the great dread of hemorrhage was unfounded. From this time on the operation beeame one of the recognized treatments and instruments began to be improved on and new methods adopted for its performance. The first one to use scissors was Louis, in 1774. He used both straight and curved blades, and at times still resorted to the probe point bistoury. He never cut away more than the inner half of the gland or the part that projected into the pharynx. In 1827 Physik of Philadelphia caused to be produeed the first tonsillotome, which was modeled much after the style of the modern McKenzie. Five years later the first Fahnestoek came into use in Germany and France, and was the first ring-cutting knife from behind forwards. It was practically the Mathieu of today. Hundreds of styles are in vogue today till the surgeon has enough to satisfy almost any fancy."

From the foregoing history we are prone to believe that we have made but little progress from the time of Celsus to the present. All surgeons are of the opinion that these glands should be removed. Our greatest difference is as to the best method of removing the glands. I am happy in the thought that surgeons are becoming more impressed that these diseased glands should be removed in their entirety.

To get the subject more clearly before us, I think it best to divide the faucial tonsils into two classes—hypertrophied and submerged. The hypertrophied glands produce obstruction which interfere with deglutition and proper breathing. The submerged ones are diseased and produce injurious effects upon the surrounding tissues and thereby affecting the general health. These submerged tonsils are often overlooked by the surgeon on account of their size. The crypts are filled with excretions as heretofore mentioned. It is my opinion, based on many years experience, that in submerged tonsils we have one of the most serious conditions with which we deal. Most of the cases that are brought to the throat surgeon are of this class. Through the crypts of these glands are conveyed all kinds of infectious material which are emptied into the general system. Patients come to us complaining of recurrent tonsillitis, quinsy, and sometimes their only complaint is that something is sticking in their throat. The cause of the feeling as of some foreign body is due to a cheesy substance found in the crypts, and by making the patient gag they are often extruded and a sense of relief follows. By taking a probe we can follow the opening far down the pharyngeal wall, deep into the structure of the gland. This excretion is always very foul. The tonsillotome can not remove these degenerated glands. The only part the tonsillotome can do good is the removal of the hypertrophied tonsils, mostly to remove obstructions. The longer I have operated on these glands the less I am using the tonsillotome. Most of the diseased condition of the tonsil is high up in the supra-tonsillar fossa, and it is practically

impossible for this instrument to reach it sufficiently to remove it in its entirety, and unless this is done it is better not to operate. I am of the opinion that if the diseased part contained in the supra-tonsillar fossa is removed that most of the disease is removed. However, I want it understood that I believe in a thorough removal of every vestige of the gland.

Now as to the different methods in vogue, I shall mention first the tonsillotome upon which I have just dilated. Many surgeons indorse the use of the tonsillotome far above any other method.

In the snare we have a very valuable instrument, and no doubt with the proper usage one can get all the diseased gland. I have never been a very great believer in it except in tonsils that appear very vascular.

The galvanocautery is used by many of our best surgeons. Among them are Drs. Pynchon, of Chicago, and Loeb, of St. Louis. The main objection to its use is the loss of a part of the anterior pillar and the painful after effects.

The next method and the one that I am following is the scissor operation.

While attending the Section of Laryngology of the American Medical Association held in New Orleans in 1903, Dr. C. M. Robertson read an article entitled "The Removal of Faucial Tonsils." He demonstrated the operation and I was much impressed with the method that he advocated. Since that time I have seldom operated by any other method. I shall, in his words, describe the operation.

"After loosening the anterior pillar with a curved bistoury the scissors are fitted into place and with two or three snips the tonsil is removed. After its removal the supra-tonsillar fossa is explored for fragments, and if any can be found diseased, cut them away. Flat tonsils, which extend down to the base of the tongue, are as easily removed as little ones. After the tonsil is removed, if any pockets exist, they can be cut out in the same manner."

The scissors devised by Dr. Robertson have many points to their advantage. First, they have blades that can be thrown wide apart with the least possible motion of the handles. Second, as the handles do not have to be widely separated, one is able to operate in a mouth where the teeth can not be widely parted. Third, the curve of the blade is such that there is no danger of cutting the epiglottis. Fourth, they are bent on their long axis so that in position they fit between the pillars of the fauces. Fifth, they are strong enough to cut through the toughest fibrous tonsil.

The instrument used to separate the pillar is a double-edged bistoury, curved on the flat with a dull point. By having it double-edged we may cut in either direction and use it for both tonsils. In its removal the tonsil is grasped by strong fixation forceps and is drawn well inward. The left tonsil is removed by scissors held in the right hand and the right one vice versa. It is not necessary to use the mouth gag or tongue depressor. There is very little pain after the pillar is loosened and the hemorrhage is not greater than in the use of the tonsillotome. The wound is clean and smooth and is healed in from four to seven days. The pillars do not attach to each other, and after the surfaces are healed it would be hard to tell that an operation had been done, as very little cicatricial tissue is formed.

DISCUSSION.

Dr. Robt. E. Moss, San Antonio, said there are one or two points to add: First, the method of producing anesthesia. I take it for granted that the doctor uses local anesthesia in adults. The use of cocain and adrenalin makes the operation easy and safe. The tonsil should be injected in three or four places, two above and two below. The second point is the importance of not cutting muscular tissue. The dangerous hemorrhage sometimes complicating this operation comes from cutting the muscular tissue. If we raise the tonsil, dissect through the alveolar tissue, being careful not to cut the deeper muscular tissue, we will have no hemorrhage. Thought the method was of minor importance. Approved method which with the least effort gives the best individual results. We all realize the importance of tonsillotomy. Some German specialists believe that a small amount of tonsillar tissue should be left, but I find from my experience that in cases in which portions are left the results are unsatisfactory. I prefer complete removal.

Dr. Jos. Mullen, Houston, said in regard to anesthesia that he preferred eucain, as the anesthetic had no bad secondary effect. A sterile solution and sterile needle should be used for the injection. Believed asepsis very important. As regards a complete removal of the tonsil, he was convinced that it is wrong, although the pendulum still swings and the question is still undecided. Doubts if most operators remove all of the glands. If adhesions are broken up and pillars loosened there will be no trouble telling whether all of the tonsils are removed or not. If the trouble remains it is due to adhesions of the anterior and posterior pillars. Personally does not approve of the complete removal of the tonsil. His method of operating is to break up adhesions of the anterior or posterior pillars after the tonsil has been thoroughly anesthetized and remove the glands to below the level of the pillars. The results are satisfactory. Some men can do this with tonsillotome. Hemorrhage sometimes results in spite of precaution.

Dr. G. W. Sims, Falls City, related the following case to show how mistakes might be made by attributing reflexes from other conditions to reflexes from the tonsil. Male, aged 4, dyspnea, asthmatic symptoms, chronic bronchitis—"always sickly." On examination the tonsil was found to be enlarged. Advised removal, but was refused. The child was put on medical treatment, with fair results to the tonsil, but the reflex symptoms did not improve. Still refused operation, and in looking for other sources of irritation an adhered prepuce was found. After treatment to the prepuce the child made a complete recovery so far as the reflex symptoms and general bad health were concerned. Tonsils remain slightly enlarged, but apparently give no trouble.

Dr. J. R. Nichols, Greenville: Request the essayist to enumerate the different methods for controlling excessive hemorrhage in tonsillectomies that are practical.

Dr. E. L. Burton, McKinney, said tonsillotomy is a very important operation. The preparation of patient is most important. I seldom use the cutting method in operating on patients over 20 years of age. The thorough breaking up of the adhesions is of the utmost importance. I have practiced discission on the partially buried follicular tonsils with success. There is great danger of hemorrhage where the glands are vascular, especially if the adhesions are not well broken up. We should be careful to do no injury to the surrounding tissues, for in avoiding this we also avoid hemorrhage. Of late I often employ the tonsil scoop when operating with the tonsillotome to remove any diseased fragments of the gland that might be left. A topical application of iodin, glycerin, and alcohol should always be applied to the seat of operation, as this prevents hemorrhage and infection. I condemn the use of adrenalin because of the subsequent hypertrophy of the glands, which renders the thorough enucleation of the gland more difficult. I invariably operate under local anesthesia without pain, danger or discomfort to the patient. I have almost entirely abandoned the tonsillo-

tome—often use the electro-cautery, especially in all patients over 18 or 20 years of age.

Dr. C. E. Cantrell, Greenville, said the subject was of interest to general practitioners. Has seen many cases in the last twenty-five years. May have inflammation of tonsil the same as any other organ. Each case should be treated according to the pathology. Removal of diseased portions of the tonsil usually relieves all trouble. Have removed tonsils by every method. Results depend upon dexterity of the operator and the thorough removal of the diseased portions from adjoining tissues. Has cured several obstinate cases of asthma by removal of the tonsil. Thinks the tonsils are sources of infection in grippe and rheumatism.

Dr. J. H. Burleson, San Antonio, endorsed the paper and said a subject of so much importance should be fairly discussed. Methods used in removing tonsils depend upon the operator. Has discarded the tonsillotome and now uses the wire snare method. Removal of a portion of the tonsils is useless. Removes the tonsils and their capsules in all his operations when possible. Has had hemorrhages following the operation, but does not recall a fatal case of hemorrhage.

Dr. J. M. Woodson, Temple, said he had had unsatisfactory results following partial or incomplete removal of the tonsil, such as foul breath and disorders of the digestion. Has had better results since adopting the method of removing the entire glands. Practical results prove that unless the capsules are removed the appending part is left. If the crypts remain, swallowing is painful and disturbances of the digestion result. Some headaches, rheumatism and gastric disturbances are removed by complete removal of the tonsil. The methods of removal are numerous. Robinson's method is dangerous. Dangerous hemorrhages also follow operations from the tonsillotome. Prefers the wire snare method. Has used this method in several cases—first, on a male aged 72, tonsil hypertrophied, firm, no ulceration; removed by pulling tonsil inward and shutting out with the finger. Uses cocain and adrenalin anesthesia. In children anesthetize and allow their head to hang over the edge of the table. Remove the tonsil by a wire snare. Incomplete removal is unsatisfactory. Good results follow removal of tonsil and its capsules.

Dr. Boyd, in closing, said he appreciated the discussions and knew that he could not bring out anything original. Only wrote the paper for the discussion. Wished to emphasize one point, and that is the complete removal of the tonsil and all diseased adjacent tissue. In adult life all enlarged tonsils are pathologic, although there may be no symptoms. Removal of the tonsil is a most important operation and should be regarded seriously. In answer to Dr. Nichols' question, said he had very few cases of hemorrhages following operation, but had controlled these hemorrhages with a spray of hydrogen dioxid.

MISCELLANEOUS.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS, WASHINGTON, D. C., SEPTEMBER 21-OCTOBER 12.

List of Special Lectures.

In connection with the Congress a series of special lectures will be delivered in Washington and elsewhere by eminent foreigners. The names of the speakers and the cities in which they will lecture follow:

Bernard Bang, of Copenhagen, Washington, October 3: Subject—"Studies in Tuberculosis in Domestic Animals and What We May Learn Regarding Human Tuberculosis."

A. Calmette, of Lille, France, Philadelphia, September 26: Subject—"Les nouveaux procedes de diagnostic precoce de la Tuberculosis."

Emil Coni, of Buenos Ayres, Washington, October 2: Subject—"La Lucha contra Tuberculosis en la Republica Argentina."

Arthur Newsholme, of Brighton, Washington, September 29: Subject—"The Causes Which Have Led to the Past Decline in the Death Rate from Tuberculosis and the Light Thrown by this History on Preventive Action for the Future."

Gotthold Pannwitz, of Berlin, Philadelphia, September 24: Subject—"Social Life and Tuberculosis."

R. W. Philip, of Edinburgh, Boston, October 6: Subject—"The Anti-Tuberculosis Program—Co-ordination of Preventive Measures."

C. H. Spronck, of Utrecht, Boston, October 7.

Andres Martinez Vargas, of Barcelona, New York, October 9: Subject—"Tuberculosis of the Heart, Blood and Lymph Vessels."

Theodore Williams, of London, Philadelphia, September 25: Subject—"The Evolution of the Treatment of Pulmonary Tuberculosis."

Dr. Maurice Letulle and M. Augustin Rey (joint lecture), Washington, September 30: Subject—"La Lutte Contra la tuberculose dans les grandes villes par l'Habitation; methodes scientifiques modernes pour sa Construction."

Dr. L. Landouzy, of Paris, Baltimore, October 5.

Dr. A. A. Wladimiroff, of St. Petersburg, Washington, September 28: Subject—"Biology of the Bacillus."

Prof. N. Ph. Tendeloo, of Leyden: Subject—"Collateral Tuberculosis Inflammation."

PROGRAM FOR SECTION I.

MONDAY, SEPTEMBER 28, 9 A. M.

Dr. William H. Welch, President.

"The Viability of the Tubercle Bacillus," Milton J. Rosenau, Washington, D. C.

"A Study of the Proteids of the Tubercle Bacillus," Victor C. Vaughan, Ann Arbor, Mich.

"The Action of Diffuse Light Upon Bacillus Tuberculosis," John Weinzerl, Seattle, Wash.

"The Morphology of the Tubercle Bacillus," Dwight M. Lewis, New Haven, Conn.

"Nouvelles Cultures Homogenes des bacilles de la Tuberculose," S. Arloing and Paul Courmont, Lyons, France.

"Comparative Study of the Tubercle Bacillus of Human and of Bovine Origin," J. N. Davalos and J. Cartaya, Havana, Cuba.

"La Virulence du bacille dans ses rapports avec l'evolution clinique de la tuberculose pulmonaire," A. Rodet, Montpelier, France.

"A Chamber in Which Dried Tubercle Bacilli May be Handled Without Danger," A. Parker Hitchens, Glen Olden, Pa.

"Channels of Infection," N. Ph. Tendeloo, Leyden, Holland.

"Ueber Eintrittspforten der Tuberkulose," Julius Bartel, Vienna, Austria.

"Sources et voies d'infection de la contagion tuberculeuse," G. Kuss, Agincourt, France.

"Les portes d'entree de la tuberculose," S. Bernheim, Paris.

"Rapports de l'air avec la contagion tuberculeuse. Sterilization de l'air," S. Bernheim, Paris.

"A Study of the Tuberculous Contamination of New York City Milk," Alfred F. Hess, New York.

"Inoculation transcutanee de la tuberculose," Jules Courmont and A. Lesieur, Lyons, France.

"Immunisirungsversuche gegen Tuberkulose," Julius Bartel, Vienna.

"Contribution a l'immunite dans la tuberculose," Jules Courmont and A. Lesieur, Lyons.

"Immunite de l'homme pour la tuberculose," A. B. Marfan, Paris.

"Tuberculo-toxoidin and Immunixation Serum," Y. Ishigami, Osaka, Japan.

"The Part of Enzymes in Tuberculous Lesions," Eugene L. Opie, New York.

"The Frequency of Healed Tuberculosis of the Mesenteric Glands, With Particular Reference to the Relationship between Hyaline Deposits in These Glands and the Healing of Tuberculous Lesions," Aldred S. Warthin, Ann Arbor, Mich.

"De l'infection tuberculeuse d'apres le criterium anatomopathologique," S. Arloing, Lyons, France.

"Analysis of 1000 Consecutive Autopsies in Montreal With Reference to the Incidence of Tuberculosis in the Different Organs," John McCrae, Montreal, Canada.

"Incidence of Chronic Pleurisy in 1400 Autopsies in Montreal, and Its Relationship to Tuberculosis," A. R. Landry, Montreal, Canada.

"Etude anatomique et pathologique des lesions non-folliculaires de la tuberculose," Leon Barnard, Paris.

"De la pneumonie dans le processus de la tuberculose pulmonaire," R. Tripier, Lyons.

"Processus anatomique de l'hemorrhagie dans la tuberculose au debut," J. Paviot, Lyons.

"The Kidneys in Tuberculosis of the Lungs," Joseph Walsh and C. M. Montgomery, Philadelphia.

"Tuberculosis of the Spinal Meninges, With a Consideration of the Mode on Infection of These Structures," D. J. McCarthy, Philadelphia.

"The Liver in Tuberculosis." J. T. Ullom. Philadelphia.

"Zur Pathologie der Peritoneal Tuberkulose," Walter Altschul, Prague, Austria.

"De la tuberculose experimentale du testicule," Charles Esmonet, Puy de Dom.

"Periostitis et adipositis tuberculosa toxica multiplex," O. Amrein, Arosa, Switzerland.

"Proprietes humorales des exsudants tuberculeux, valeur, pronostique et therapeutique." Paul Courmont, Lyons.

Camillo Calleja, Valladolid, Spain.

"An Experimental and Clinical Study of the Calcium Metabolism in Tuberculosis," Alfred C. Crofton, Chicago.

PROGRAM FOR SECTION II.

MONDAY, SEPTEMBER 28, 1908, 2:30 P. M.

Address of the President of the Section, Dr. Vincent Y. Bowditch.

"Duration of the Actively Infectious Stage of Tuberculosis," Dr. Robert N. Willson, Jr., and Dr. Randle C. Rosenberger, Philadelphia.

"Mixed Infections," Dr. M. P. Ravenel, Madison, Wis.; Dr. Arnold C. Klebs, Chicago, Ill.

"Use of the X-Ray," Dr. Francis H. Williams, Boston.

"The Opsonic Index in Certain Tuberculous Infections," Dr. T. W. Hastings, New York.

SECOND SESSION, TUESDAY, SEPTEMBER 29, 1908, 9:30 A. M.

Symposium I.—Diagnosis and Treatment of Early Cases of Tuberculosis.

PART I.

"Vital Importance of Early Diagnosis; Neglect of Thorough Examination to be Condemned; Comparative Importance of Treatment in Sanatoria Near at Hand and of Entire Change of Climate; the Present Status of Sanatorium Treatment," Dr. Frederick I. Knight, Boston; Dr. C. Theodore Williams, London; Dr. Carroll E. Edson, Denver; Dr. Lawrence F. Flick, Philadelphia.

"Use of X-Ray in Diagnosis," Dr. Francis H. Williams, Boston.

"Short Exposure Roentgentography in Diagnosis of Early Tuberculosis," Dr. Henry Hulst, Grand Rapids, Mich.

"The Opsonic Index in Early Diagnosis," Dr. George P. Sanborn, Boston.

"Cutaneous and Conjunctival Reaction," Dr. Arnold C. Klebs, Chicago.

"Conjunctival and Ophthalmic Reactions," Dr. C. von Pirquet, Vienna.

"Cutaneous and Ophthalmic Reactions," Dr. A. Wolff-Eisner, Berlin.

"Ophthalmic Reaction," Dr. Fernand Arloing, Lyons.

Discussion.

TUESDAY, SEPTEMBER 29, 1908, 2:30 P. M.

PART II.

"The Present Status of Serum Diagnosis in Tuberculosis," Dr. Paul Courmont, Lyons.

"Early Diagnosis by Laboratory Aids," Dr. E. R. Baldwin, Saranac Lake, N. Y.

"Hemoptysis as a Symptom of Early Pulmonary Disease," Dr. James M. Anders, Philadelphia.

"Physiological Effects of Residence in High Altitudes Upon Consumption," Prof. N. Zuntz, Berlin.

"The High Altitude Treatment in Regard to Fever," Dr. O. Amrein, Arosa, Switzerland.

"Diet in Pulmonary Tuberculosis," Prof. Irving Fisher, New Haven; Dr. R. C. Newton, Montclair, N. J.; Noel Bardswell, Esq., M. D., Midhurst, England.

THIRD SESSION, WEDNESDAY, SEPTEMBER 30, 1908, 9:30 A. M.

Symposium II.—Specific Therapy of Pulmonary Tuberculosis.

PART I.—TUBERCULIN AND ITS DERIVATIVES.

"Treatment of Tuberculosis by Tuberculins, and More Especially by the Tuberculin Béraneck," Prof. Dr. E. Béreneck, Neuchatel.

"The Value and Practicability of Tuberculin Treatment," Prof. Dr. K. Hammer, Heidelberg; Prof. J. Denys, Louvain.

"Tuberkulin und Tuberkulinproben," Dr. E. Meissen, Hohenhonnef am Rhein.

"Human and Bovine Tuberculosis, with Special Reference to Treatment by Different Kinds of Tuberculin," Dr. Nathan Raw, Liverpool.

"Specific Therapy of Tuberculosis," Prof. Dr. J. Petruschky, Danzig; Dr. Edward L. Trudeau, Saranac Lake, N. Y.

Discussion.

WEDNESDAY, SEPTEMBER 30, 1908, 2:30 P. M.

PART II.—SERUM TREATMENT.

"The Marmorek Serum," Dr. Alexander Marmorek, Paris.

"The Maragliano Serum," Prof. E. Maragliano, Geneva.

Discussion.

"Periostitis et Adipositis Tuberculosa Toxica Multiplex Treated With Serum Marmorek," Dr. O. Amrein, Arosa, Switzerland.

"The Maragliano Treatment at the Phipps Institute," Dr. Lawrence F. Flick, Philadelphia.

"Untoward Effects Following the Use of Maragliano's Serum," Dr. H. R. M. Landis, Philadelphia.

FOURTH SESSION.—THURSDAY, OCTOBER 1, 1908, 9:30 A. M.

Symposium III.—Sanatoria, Hospitals, Dispensaries and Home Treatment for the Tuberculous.

PART I.

"Treatment and Isolation of Tubercular Patients in General Hospitals," Prof. Louis Landouzy and Prof. Maurice Letulle, Paris.

"Cost of Construction and Maintenance of Sanatoria; Class of Cases Suitable; Comparative Value of Sanatoria, Hospitals, etc.," Prof. Gotthold Pannwitz, Berlin; Dr. Arthur Latham, London.

"Cost and Maintenance of Sanatoria; Special Reference to Those Established by Insurance Companies," Dr. Richard Freund, Berlin.

"Graduated Labor in the Treatment of Tuberculosis," Dr. M. S. Paterson, Frimley Sanatorium, England.

"The Effect of Manual Labor Upon the Opsonic Index," Dr. A. C. Inman, Brompton Hospital, England.

"The Comparative Value of Rest and Exercise in the Treatment of Tuberculosis," Dr. F. M. Pottenger, Monrovia, Cal.

"Value and Technic of Rest in Tuberculosis," Dr. Norman Bridge, Los Angeles, Cal.

"Ultimate Results of Sanatorium Treatment," Dr. Lawrason Brown, Saranac Lake.

Discussion.

THURSDAY, OCTOBER 1, 1908, 2:30 P. M.

PART II.

"The Establishment of Dispensaries in Cities and Towns," Dr. R. W. Philip, Edinburgh.

"Dispensaries and Their Object for the Prevention of Tuberculosis," Prof. Dr. Albert Calmette, Lille.

"Dispensary Examinations of Tuberculous Families; Their Results and Their Significance in the Systematic Combat Against Tuberculosis," Dr. A. Kayserling, Berlin.

"Work of the Chicago Tuberculosis Institute," Alexander M. Wilson, Esq., Chicago.

"The Comparative Value of the Dispensary and the Sanatorium Treatment of Tuberculosis," Prof. Fritz Egger, Basel.

"The Accommodation of Pulmonary Patients of Advanced Stage," Director Mayer, Brandenburg, Berlin.

"Urgent Necessity for Hospitals for Far Advanced Cases," Dr. Hector Mackenzie, Brompton Hospital, London.

"The New Hospital for Advanced Consumptives in Boston," Dr. Edwin A. Locke, Boston.

FIFTH SESSION.—FRIDAY, OCTOBER 2, 9:30 A. M.

"Day Camps," Dr. David Townsend, Boston.

"Night Camps," Dr. William C. White, Pittsburg, Pa.

"Treatment of Tuberculous Patients in Their Homes and in Places Other Than Sanatoria," Dr. Charles L. Minor, Asheville, N. C.; Dr. Thomas D. Coleman, Augusta, Ga.

"Economic Housing of Consumptives," Dr. P. M. Carrington, Fort Stanton, N. M.

"Importance of Sanatoria for the Well-to-Do as Well as for the Poor," Dr. Charles F. Gardiner, Colorado Springs; Dr. Will H. Swan, Colorado Springs; Dr. Herbert M. King, Liberty, N. Y.

Discussion.

FRIDAY, OCTOBER 2, 1908, 2:30 A. M.—SPECIAL PAPERS.

Papers Proposed by the French Committee.

"Cytologie comparée pour le diagnostic des épanchements tuberculeux," Dr. A. Cade, Lyon.

"Du rheumatisme tuberculeuse, et de la tuberculose inflammatoire des visceres," Prof. A. Poncet, Lyon.

"La tuberculose dans l'étiologie des malades mentales," Prof. R. Lepine, Lyon.

"Des adherences pleurales tuberculeuses et de leur role dans la mort subite," Prof. Lecassagne and Dr. Martin, Lyon.

"Sanatorium de Ste. Feyre (Creuse) pour Instituteurs et Institutrices," Dr. M. Leune.

"Role efficace de l'extrait de gui contre les hemoptysies," Dr. R. Gaultier.

"Traitement economique de la tuberculose—Aerium ou Sanatorium d'Hospital," Prof. Raoul Brunon, Rouen.

"Le sanatorium de la forêt de Rouvray (region Rouennaise)," Drs. Cotoni et Giraud.

"Procedes de laboratoire dans le diagnostic des tuberculoses cutanées," Prof. J. Nicholas, Lyon.

(1) "Sanatorium Mangini, ses resultats"; (2) "Variations de combustion respiratoire chez les tuberculeux traites en un sanatorium d'altitude," Dr. F. Dumarest, Hauteville.

"A Statistical Study of One Hundred Cases of Laryngeal Tuberculosis Treated With Formaldehyde," Dr. E. S. Bullock, Silver City, N. M.

"Immunity Production, by Inoculation of Increasing Numbers of Bacteria, Beginning With One Organism; Its Therapeutic Application," Dr. Gerald B. Webb, Dr. W. W. Williams, Colorado Springs, and Prof. M. A. Barber, University of Kansas.

"The Prevalence and Treatment of Tuberculosis in Hospitals for the Insane in United States and Canada," Dr. Richard H. Hutchings, Ogdensburg, N. Y.

Papers Proposed by Swiss Committee.

"Quelques mots sur la construction du sanatorium d'altitude pour tuberculeux," H. Verrey, Architecte, Lausanne.

"Les indications et contre-indications cliniques du climat d'altitude," Dr. Exchaquet, Leysin.

"Asthma and Tuberculosis," Dr. Leopold Reynier, Neuchatel.

"Ueber das Tuberculinum purum," Dr. I. Gabrilowitsch, Malila, Finland.

"Die Blutuntersuchungen nach Aructhscher Methode bei Tuberkulösen vom klinischen Standpunkte aus," Dr. C. Dluski und Dr. M. Rozpedzikowski, Zakopane, Poland.

"La valeur therapeutique des tuberculines, controleés par la methode opsonique," Dr. S. Bernheim, Paris.

"The Displacement of the Lung-Apices and the Rules for Locating the First Disease Centers," Dr. Carl Hart, Schoeneberg-Berlin.

PROVISIONAL PROGRAM FOR SECTION III.

MONDAY, SEPTEMBER 28.

"Construction of Hospitals for Tuberculosis Patients," Mr. Meyer J. Sturm, Chicago, Ill.

Discussion, Dr. F. Gallagher, El Paso, Texas.

"Tuberculosis of the Larynx: The Type Which is Capable of Recovery, and the Principles of Treatment," Dr. W. E. Casselberry, Chicago, Ill.

"A Brief Note Upon the Value of the Ophthalmic-Tuberculin Test in the Question of Surgical Treatment of Orbital Disease," Dr. Charles A. Oliver, Philadelphia, Pa.

"Tuberculosis of the Choroid," Dr. Sydney Stephenson, London.

"Tuberculosis Affecting the Cornea," Dr. Oscar Dodd, Chicago, Ill.

"Tuberculosis of the Ear," Dr. Clarence J. Blake, Boston, Mass.

TUESDAY, SEPTEMBER 29.

"Tuberculosis of the Cervical Lymph Nodes. Report of 275 Cases Treated by Radical Extirpation," Dr. Charles H. Dowd, New York City.

"Tuberculous Glands in Children," Mr. J. H. Stiles, Edinburgh, Scotland.

"Retroperitoneal Tuberculous Glands and Their Relation to the Spinal Symptoms," Dr. C. F. Painter, Boston, Mass.

(1) "Traitement des Adenitis Tuberculeuses," Thursday; (2) "Traitement de la Tuberculose du Testicule," Dr. Cazin-Chef, Paris.

"Surgical Tuberculosis of the Lungs," Prof. Sauerbruch, Marburg, Germany.

"Tuberculosis of the Lungs and Pleura," Dr. S. Robinson, Boston, Mass.

Discussion, Dr. F. F. Murphy, Boston, Mass.

"Tuberculosis of the Breast," Dr. William Rodman, Philadelphia, Pa.

Discussion, Dr. A. O. J. Kelly, Philadelphia, Pa.

WEDNESDAY, SEPTEMBER 30.

"Tubercular Arthritis of the Hip Joint," Dr. Stephen H. Weeks, Portland, Maine.

"The Treatment of Tuberculous Hip Disease by Weight Bearing and Fixation by the Lorenz Short Hip Spica," Dr. H. Augustus Wilson, Philadelphia, Pa.

"The Question of Non-Interference in the Passive Abscesses of Tuberculous Joint Disease," Dr. Morton F. Shaffer, New York City.

"Vaccine Therapy ou Joint Tuberculosis," Dr. E. H. Ochsner, Chicago, Ill.

"Indications for Operative Treatment of Bony Tuberculosis," Dr. Dott A. Codivilla, Paris, France.

"Tuberculous Arthritis of the Knee Joint," Dr. Mauclaire, Paris.

"Tuberculose Medio-Tarsienne et Pied Plat," Dr. A. Jeanne, Rouen, France.

"De la Methode de Mosetig dans Traitement de Tuberculose Osseuse," Dr. Nove Josserand, Lyon, France.

THURSDAY, OCTOBER 1.

"Tuberculosis of the Vas, Epididymitis and Testicle," Dr. John B. Walker, New York.

Discussion, Dr. W. E. Lower, Cleveland, Ohio.

"Tuberculosis of the Bladder," Dr. Wilhelm Karo, Berlin, Germany; Dr. Brandsford Lewis, St. Louis, Mo.

Discussion, Dr. Guy L. Hunter, Baltimore, Md.

"Tuberculosis of the Kidney," Dr. Arthur Dean Bevan, Chicago, Ill.

"Tuberculosis of the Kidney—A Preliminary Study," Dr. Ramon Guiteras, New York City.

"Tuberculosis of Intestines and Appendix," Prof. Henri Hartman, Paris.

"Acute Forms of Abdominal Tuberculosis," Dr. D. N. Eisendrath, Chicago, Ill.

Discussion, Dr. Gregory Connell, Oshkosh, Wis.

"Tuberculous Adnexia," Prof. Samuel Pozzi, Paris.

Discussion, Dr. I. S. Stone, Washington, D. C.

"Tubercular Peritonitis," Dr. J. B. Murphy, Chicago, Ill.

Discussion, Dr. F. B. Lund, Boston, Mass.

"Experimental Testicular Tuberculosis," Dr. Charles Esmonet.

FRIDAY, OCTOBER 2.

"Surgical Bearings of Tuberculin," Dr. R. W. Philip, Edinburgh, Scotland.

"Surgical Tuberculosis," Dr. E. H. Bradford, Boston, Mass.

"The Prevention, Diagnosis and Surgical Treatment of Tuberculous Sinuses and Abscess Cavities," Dr. Emil G. Beck, Chicago, Ill.

"The Value of Fresh Air in Conjunction With Artificial Hyperemia in the Conservative Treatment of Surgical Tuberculosis," Dr. Willy Meyer, New York City.

"The Importance of, and How the State of Minnesota Cares for Its Indigent Children Suffering from Tuberculosis of the Bones and Joints," Dr. Arthur J. Gillette, St. Paul, Minn.

"Outdoor Treatment of Surgical Tuberculosis," Dr. De Forest Willard, Philadelphia, Pa.

"La Cure d'Altitude et la Cure Solaire de la Tuberculose Chirurgicale," Dr. Rollier, Leysin, Switzerland.

"Tuberculosis of the Muscles, Fascia and Tendons," Dr. James F. Mitchell, Washington, D. C.

"Tuberculosis of the Gall Bladder, Pancreas, Stomach and Liver," Dr. L. W. Hotchkiss, New York City.

SATURDAY, OCTOBER 3.

"Rational Spinal Support," Dr. Henry W. Frauenthal, New York City.

"Clinical Contribution on the Pharmaco-Therapy in the Surgical Tuberculosis by Hypodermic Treatment," Dr. Gualano.

PROGRAM FOR SECTION IV.

"The Distribution of Tuberculous Lesions in Infants and Young Children; A Study Based Upon Post-Mortem Examinations," Dr. Martha Wollstein, New York.

"Inquiry Into the Opsonic Power of Breast Milk for Tubercle Bacilli," Dr. Wm. J. Butler, Chicago.

"The Localization of Tuberculosis in Children," Dr. Woods Hutchinson, New York.

"Report of a Case of Miliary Tuberculosis in a Child Aged Four and One-half Months," Dr. Edgar M. Green, Dr. A. L. Klotz, Easton, Pa. (Report of autopsy illustrated.)

"Tuberculosis of the Pericardium in Children," Dr. Joseph S. Wall, Washington, D. C.

"Tuberculous Peritonitis in Infancy," Dr. Weill and Dr. Pehu, Lyon, France.

"Tuberculosis of the Heart and Arteries," Dr. Andres Martinez Vargas, Barcelona, Spain.

"Tuberculosis in Infants; Analysis of 130 Hospital Cases as Regards Etiology and Diagnosis, With Remarks Upon Prevention and Treatment," Dr. Linnaeus E. La Fetra, New York.

"Concerning Intermittent Albuminuria in Children of Tuberculous Parentage," Dr. J. Tessier, Lyon, France.

"The Occurrence of Pulmonary Tuberculosis in Children of Tuberculous Parents," Dr. James Alex. Miller and Dr. J. Ogden Woodruff, New York.

"Part Played by Human Contagion in Infantile Tuberculosis," Dr. Jules Comby, Paris.

"Hygiene of Mouth, Nares, Pharynx, Intestine, Skin, Mucous Membrane in General; of Lymph Bodies and Lungs; Prevention of Colds," Dr. Noble P. Barnes, Washington, D. C.

"The Value of Children's Gardens in Congested Neighborhoods," Mrs. Henry Parsons, New York.

"Obstructive Abnormalities of the Oro-Naso-Pharynx, a Powerful Predisposing Factor to Tuberculosis in School Children," Dr. John J. Cronin, New York.

"Children of the Tuberculous," Dr. Theodore Sachs, Chicago.

"A Clinical Study of the Transmission and Progress of Tuberculosis Through Family Association," Dr. Cleveland Floyd, Dr. H. I. Bowditch, Boston, Mass.

"The Relation of Infectious Diseases, Measles, Whooping Cough and Influenza to Tuberculosis in Childhood," Dr. Edgar P. Copeland, Washington, D. C.

"Placental Transmission of Tuberculosis," Dr. Aldred Scott Warthin, Ann Arbor, Mich.

"The Diagnosis of Latent Tuberculosis in Children," Dr. Louis Fischer, New York.

"Diagnostic Value of Lumbar Puncture in Acute Tuberculous Meningitis of Children," Dr. Frederick E. Sondern, New York.

"The Value and Reliability of Calmette's Ophthalmic Reaction to Tuberculin, for the Diagnosis and Differentiation of Tuberculous Lesions From Other Diseases in Infants and Young Children," Dr. E. Mather Sill, New York.

"Experiments in the Ophthalmic Inoculation of Tuberculin," Dr. Henry L. K. Shaw, Albany, New York.

"Comparative Value of Recent Tests for Tuberculosis," Dr. Henry Dwight Chapin, New York.

"Some Clinical Observations on the Von Pirquet Reaction in Children," Dr. Henry Heiman, New York.

"Calmette's Tuberculin Diagnosis," Dr. L. Emmett Holt, New York.

"Prophylaxis of Infantile Tuberculosis at Lyon by 'l'oeuvre de Graneher'," Dr. Weill, Dr. Pehu, Lyon, France.

"The Hygienic and Climatic Prophylaxis of Tuberculosis in Children," Dr. F. L. Wachenheim, New York.

"A Practical Way of Combating Tuberculosis in Childhood by Compulsory Examination and Compulsory Treatment of School Children," Dr. Adolph Bäumel, Eger, Austria.

"First Aid in Better Lung Development in Children," M Emily Noble, New York.

"Compulsory Tagging as a Means of Automatically Locati Dangerous Tuberculous Food Animals and Economizing th Eradication," Burton Rogers, D. V. M., Manhattan, Kansas.

"Clinical Contribution on the Pharmaco-Therapy in t Tuberculosis of the Cervical Adenitis in Children by the Hyp dermic Treatment," Dr. C. F. Gualano.

"A Contribution From Orthopedic Surgery to the Study Tuberculosis," Dr. Adoniram B. Judson, New York.

"Air Treatment at Home," Dr. Wm. T. Northrup, New Yo

"The Possibility of Avoiding Scar Formation in Soften Tuberculosis of the Cervical Glands," Dr. Willy Meyer, N York.

"The Relative Frequency of Abdominal Tuberculosis Great Britain," Dr. David Bovaird, Jr., New York.

PROGRAM FOR SECTION V.

FIRST SESSION.—TUESDAY, SEPTEMBER 29, 9:30 A. M.

Economic Aspects of Tuberculosis.

The burdens entailed by tuberculosis on individuals a families, on industry, on relief agencies, on the communit on social progress.

The cost of securing effective control of tuberculosis in lar cities, in smaller towns, in rural communities.

Special aspects of the social problem.

"The Cost of Tuberculosis." Prof. Irving Fisher, Yale U versity.

"Some Considerations Regarding the Economic Loss to N York State from Tuberculosis in 1907," Prof. Walter F. W eox, Cornell University, Consulting Statistician, New Yo State Department of Health.

"The Burden on Individuals and Families," Mr. Sherman Kingsley, Superintendent Chicago Relief and Aid Society.

"The Relation Between Tuberculosis and Mental Defect Dr. Martin W. Barr, Superintendent Pennsylvania School f Feeble-Minded.

"The Relation Between the Tuberculosis Movement and Movement for Dealing With Mental Defect," Prof. Lightn Witmer, University of Pennsylvania.

"The Awakening of a State—An Educational Campaign f the Prevention of Tuberculosis," Mr. John A. Kingsbury, A sistant Secretary New York State Charities Aid Associatio

"A State Aroused: Effective Control in Small Towns a Rural Communities," Mr. Homer Folks, Secretary State Ch ities Aid Association of New York.

"Some Economic Aspects of the Free Treatment of Tuberc losis by the State," Mr. Rowland G. Hazard, Peace Dale, R. Chairman Board of Trustees, R. I. State Sanatorium.

"Tuberculosis in the Army," Prof. Lemoine, au Val Grace, France.

"Standardization of Investigations; Uniformity of Nome clature of Occupations and Diseases. Standard Units for R ports and Investigations and Co-operation of State Boards Health and Labor Bureaus on Health in Occupations," Pr John R. Commons, University of Wisconsin.

"The Cost of a City's Ransom; An Estimate of the Expen ture Which Would Be Required to Control Tuberculosis Philadelphia," Mr. Talcott Williams, LL.D., Philadelphia, P

Among those who have indicated their intention of parti pating in the discussion of this session are Prof. C. W. Veditz, Mr. Christopher Easton, Dr. Theodore B. Sachs, D Henry R. Holton, and Dr. George H. Evans.

SECOND SESSION.—TUESDAY, SEPTEMBER 29, 2:30 P. M.

Adverse Industrial Conditions.

The incidence of tuberculosis according to occupation; ov work and nervous strain as factors in tuberculosis; effect improvements in factory conditions on the health of employe legitimate exercise of the police power in protecting the l and health of employes; industrial causes; hygienic sa guards.

"Overwork and Nervous Strain," Dr. George Dock, Ann A bor, Mich.

"Overwork and Nervous Strain," Miss Jane Addams, a Dr. Alice Hamilton, Chicago.

"Tuberculosis as an Industrial Disease," Mr. Frederick Hoffman, Statistician Prudential Insurance Company.

"Factory Legislation and Tuberculosis," Mr. John Marti New York.

"The Cash Value of Factory Ventilation," Prof. C. E. Winslow, Massachusetts Institute of Technology.

"Medical Faetory Inspection," Dr. G. M. Price, New York City.

"An Economic Study of Tuberculosis in Milwaukee," Mr. Thomas W. B. Crafer, Milwaukee, Wis.

"Pulmonary Tuberculosis Among Printers," Dr. James Alex. Miller, New York.

"Tuberculosis in the Cotton Mills of the South," Mr. A. J. McKelway, Southern Sec. National Child Labor Committee.

"Incidence of Tuberculosis According to Occupations," Dr. Latham, London, England.

"The Legitimate Exercise of the Police Power in Protecting the Life and Health of Employes," Hon. David J. Brewer, Associate Justice U. S. Supreme Court.

"The Legitimate Exercise of Police Power for the Protection of Health," Dr. Henry B. Favil, Chicago, on behalf of the American Association for Labor Legislation.

Among those who have indicated their intention of participating in the discussion on this subject are Mr. Owen R. Lovejoy, Secretary of the National Child Labor Committee, and Dr. Lucy A. Bannister, Welfare Secretary of the Westinghouse Lamp Company.

THIRD SESSION.—WEDNESDAY, SEPTEMBER 30, 9:30 A. M.

The Social Control of Tuberculosis.

National, State and municipal governments; departments of health and departments of public relief; private endowments; voluntary associations for educational propaganda; institutions, such as relief agencies, which exist primarily for other purposes; insurance; features in an aggressive campaign against tuberculosis.

"A Comprehensive Program for the Prevention of Tuberculosis; the Relative Functions of Available Agencies," Mr. Livingston Farrand, Executive Secretary National Association for the Study and Prevention of Tuberculosis.

"The Function of National, State and Municipal Governments in the Control of Tuberculosis," Dr. H. C. Clapp, Boston.

"The Function of Relief Agencies," Mr. Francis H. McLean, Secretary of the Field Department of "Charities and the Commons."

"Official Information Necessary to the Social Control of Tuberculosis," Bureau of Municipal Research, New York City.

"Industrial Insurance in Relation to the Conflict With Tuberculosis," Prof. Chas. R. Henderson, University of Chicago.

"The Tuberculosis Dispensary at Lyon," Dr. F. Arloing and Paul Courmont, Paris, France.

"The Law and Private Initiative in the Fight Against Tuberculosis," Dr. Bourcille, Paris, France.

"Study of the Relation of Prostitution to Tuberculosis," Dr. J. Willoughby Irwin, Medical Director, Kensington Dispensary and Hospital for the Treatment of Tuberculosis, Philadelphia.

"The Best Use of a Large Bequest for the Benefit of Consumptives," Pres. Wm. F. Slocum, Colorado College, Colorado Springs.

Symposium.

The Relative Value of the Features in an Aggressive Campaign.—Compulsory registration; anti-spitting ordinances; compulsory removal of unteachable and dangerous cases; care of advanced cases; laboratory research; hospital; sanatorium; dispensary; day-camp; private physician; visiting nurse; after-care of arrested cases; climate; hygienic instruction, personal and in class; educational propaganda.

FOURTH SESSION.—WEDNESDAY, SEPTEMBER 30, 2:30 P. M.

Early Recognition and After-Care.

Importance of discovering the persons who have tuberculosis before the disease has passed the incipient stage; examination of persons known to have been exposed or presumably predisposed; systematic examination of school children during their course and on leaving school to go to work; professional advice as to choice of occupation in cases where there is apparent predisposition to disease.

Instruction in healthful trades in the sanatorium; form colonies; convalescent homes or cottages; aid in securing suitable employment on leaving the sanitorium; the return to unfavorable home conditions.

"The Importance of Early Recognition, Prompt Relief and Prevention from an Economic Standpoint," Dr. John H. Pryor, Buffalo.

"Some of the Difficulties (Professional and Social) of the Early Recognition of Tuberculosis, and Some Suggestions as to the Remedy," Dr. Edward O. Otis, Boston.

"Examination of Suspected or Exposed Subjects," Dr. Linsly R. Williams, New York.

"Results of an Examination of Persons Known to Have Been Exposed," Dr. John Edward Squire, London.

"How to Deal With the Danger of a Return to Unfavorable Home Conditions," Mr. Walter E. Kruesi, Secretary Boston Association for the Relief and Control of Tuberculosis.

"Farm Colonies," Mrs. James E. Newcomb, President Stony Wold Sanatorium.

"A Farm Colony Experiment," Dr. Henry Barton Jacobs, Baltimore.

"Open-Air Schools," Mrs. Anna Garlin Spencer, New York.

"Training for Professional Nursing in Institutions for the Care of Tubercuiosis Patients. A Report of the Training Schools at Henry Phipps Institute and White Haven Sanatorium," Dr. Chas. J. Hatfield, Philadelphia.

Discussion, opened by

"Danger des tuberculeux méconnus (pseudo bien portant bacillifères) prophylaxie," Dr. Hericourt, Paris, France.

The Prevention and Treatment of Tuberculosis in Certain Population Groups.

"The Jews," Dr. Theodore B. Sachs, Chicago.

"The Italians in North America (Especially in New York City)," Dr. Antonio Stella, New York.

"The Negroes," Dr. Robert Wilson, Charleston, S. C.

"The Indians," Hon. Francis E. Leupp, United States Commissioner of Indian Affairs.

FIFTH SESSION.—THURSDAY, OCTOBER 1, 9:30 A. M.

Nurses' Meeting.

"The Need for Special Training in Tuberculosis Nursing Work," Mrs. Hugo Lupinski, Superintendent Tuberculosis Sanatorium, Grand Rapids, Mich.

"Home Occupation in Families of Consumptives," Miss Mabel Jacques, Visiting Nurse Society, Philadelphia, Pa.

"Classes for Teaching as a Part of the Propaganda Against Tuberculosis," Miss Frances Hostetter, Philadelphia, Pa. (Dr. John Musser's Class Work).

"The Possibilities of Teaching Prevention of Tuberculosis in Public Schools," Miss Bertha L. Stark, Pittsburg Sanatorium, Pittsburg.

"Disinfection in Homes of Tuberculous Patients," Miss Elsie T. Patterson, Nurse in Charge Vanderbilt Clinic Department of Visiting Nursing, N. Y.

"Tenement House Inspection as Related to the Tuberculosis Propaganda," Mrs. Von Wagner, Inspector of Tenements, Health Department, Yonkers.

"Tuberculosis Tent Colony 'A'," Miss Ada B. Shaw, Visiting Nurse Asso., Cleveland, O.

"Day Camps for Consumptives," Miss S. T. Robbins, Superintendent of Nursing and Matron, New Jersey Sanatorium for Tuberculous Diseases, Glenn Gardner, New Jersey.

"Anti-Tuberculosis Work in a Rural Community," Miss Mary W. McKechnie, Nurse in Charge Visiting Nurses Settlement, Orange, N. J.

"Sanatorium Work and Nursing With Tuberculous Patients," Mrs. J. H. Burgess, Superintendent of Nursing, The Gaylord Farm Sanatorium, Wallingford, Conn.

"Home Teaching in Tuberculous Family," Miss E. L. Foley, Dispensary Nurse, Boston, Mass.

"The Visiting Nurse as a Social Worker," Miss E. P. Upjohn, Boston, Mass.

"The Discharged Sanatorium Case," Miss M. A. Gallagher, Boston Association for Relief Control of Tuberculosis, Boston.

"The Work of the Department With Tuberculous Cases," Miss Ida M. Cannon, Social Service Department, Massachusetts General Hospital.

"The Attitude of the Modern District Nurse Toward Tuberculosis," Miss F. R. Smithwick, Denver, Colorado.

"Sanatorium Work in Colorado," Miss C. L. Boyd, Denver, Colorado.

"A Consideration of the Tendency of Nurses in Tuberculosis Service to Cease Nursing and Become Investigators or Instructors," Miss Harriet Fulmer, Superintendent Visiting Nurses Association, Chicago, Ill.

"Hospital Provision for Incurable Cases," Miss S. H. Cabaniss, Visiting Nurse Settlement, Richmond, Va.

"Visiting Nursing Work and Instruction in Tuberculous Cases in Mountain Regions," Miss Holman, Ledger, N. C.

"The True Function of the Tuberculosis Nurse," Miss M. E. Lent, Nurse in Charge, Visiting Nurses Association, Baltimore, Md.

"The Unteachable Consumptive," Miss Ellen La Motte, Vis-

iting Nurses Association, Baltimore, Md.; Miss A. L. Tillinghast, Prescott, Arizona.

SIXTH SESSION.—THURSDAY, OCTOBER 1, 2:30 P. M.

Elementary and Popular Education: Methods and Agencies.

Special literature for general distribution; exhibits and lectures; the press: educational work of the nurse; labor organizations; instruction in schools of all grades.

"Elementary Instruction as to Tuberculosis," A. E. Winship, Editor of *Journal of Education*, Boston, Mass.

"The Training of Teachers to Give Instruction in Hygiene," Prof. David S. Snedden, Teachers' College, New York.

"The Colleges of the United States and the Campaign Against Tuberculosis," William Harmon Norton, Professor of Geology, Cornell College, Iowa.

"The Body or the Bacillus: Which Shall be Emphasized in the Hygienic Education of the Public?" Dr. Howard S. Anders, Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia.

"Hygienic Instruction in Schools," Dr. Henry Barton Jacobs, Baltimore.

"Hygienic Instruction in Schools," Dr. C. W. Stiles, U. S. Public Health and Marine Hospital Service, Washington, D. C.

"The Significance and Educational Value of the Nurse in Tuberculosis Work," Miss Lillian D. Wald, Head Worker, Henry Street Settlement, New York.

"The Crusade Against Tuberculosis in Lyons," Dr. Paul Courmont, Paris France.

"Tuberculosis and Two Thousand Dollars a Year," Dr. Helen C. Putnam, Providence, R. I., Chairman of Committee to Investigate the Teaching of Hygiene in Public Schools, Appointed by the American Academy of Medicine.

"The Popular Lecture in the Crusade Against Tuberculosis," Dr. A. Adolphus Knopf, New York.

"The Blue Star—A Simple and Practical Way to Interest People in Tuberculosis and to Raise Funds to Combat the Disease," Miss Clara E. Dyer, Detroit, Mich.

"Present Status of the Teaching of Hygiene in the United Kingdom," Dr. G. A. Heron, London, England.

"Tuberculosis and the Public Schools," Dr. Luther H. Gulick, Director of Physical Training in the Public Schools, New York City.

Among those who have indicated their intention of participating in the discussion of this session are Mr. H. Wirt Steele, Secretary of the Maryland Association for the Prevention and Relief of Tuberculosis, and Mrs. Reiba Thelin Foster, of Baltimore. Mr. Max Cohen, Washington, D. C. (Ed. Views).

SEVENTH SESSION.—FRIDAY, OCTOBER 2, 9:30 A. M.

Promotion of Immunity.

Development of the conception of physical well-being; measures for increasing resistance to disease, such as parks and playgrounds, outdoor sports, physical education, raising the standard of living in respect to housing, diet and cleanliness; individual immunity and social conditions favorable to general immunity.

"Housing and Tuberculosis," Lawrence Veiller, Director of the Department for the Improvement of Social Conditions of the New York Charity Organization Society.

"The Limitation of Tuberculosis by House Ventilation," Dr. Charles Denison, Denver, Colo.

"The Relation Between Income and Tuberculosis," Dr. Woods Hutchinson, New York.

"The Relation of the Playground Movement to the Movement for the Prevention of Tuberculosis," Dr. Henry S. Curtis, Washington, Secretary of the Playground Association of America.

"Parks and Playgrounds," Mr. Howard Bradstreet, Secretary Metropolitan Parks Association of New York.

"Woman's Responsibility for the Prevention of Tuberculosis," Mrs. Hunter Robb, Cleveland.

"Some Uses of the Imagination in the Prevention of Tuberculosis," Miss Sadie American, Executive Secretary, Council of Jewish Women.

"Diet as an Element in Increasing Resistance," Dr. J. H. Kellogg, Battle Creek, Mich.

"The Promotion of Immunity Through Physical Education," Dr. Thomas A. Storey, Associate Professor and Director of Department of Physical Training in the College of the City of New York.

"The Relation of Immigration to the Problem of Securing Social Conditions Favorable to General Immunity," Hon. Robert Watchorn, Commissioner of Immigration at the Port of New York.

"The Development of the Conception of Physical Well Being," Dr. Henry B. Favill, Chicago.

Among those who have indicated their intention of participating in the discussion of this session are Dr. R. W. Corwin, Surgeon of the Colorado Fuel and Iron Company, and Dr. E. O. Otis, of Boston.

EIGHTH SESSION.—FRIDAY, OCTOBER 2, 2:30 P. M.

The Responsibility of Society for Tuberculosis.

President W. P. Faunce, Brown University.
Mr. Jacob H. Schiff, New York.
Miss Kate Barnard, Guthrie, Oklahoma.
Mlle. I. Chaptal, Paris, France.
Miss Helen Todd, London, England.
Mr. Jacob A. Riis, New York.
Rev. Samuel McChord Crothers, Cambridge, Mass.
Miss Jane Addams, Chicago.

PROVISIONAL PROGRAM FOR SECTION VI.

STATE AND MUNICIPAL CONTROL OF TUBERCULOSIS.

Laws and Ordinances Relating to Tuberculosis, Especially With Relation to Notification.

Dr. Herman Biggs, New York.
Dr. H. Roerdam, Copenhagen.

"The Statutory Control of Tuberculosis, With Special Reference to the Maryland System," Dr. Marshal L. Price, Baltimore, Md.

"The Struggle Against Tuberculosis in Greece," Dr. B. Patrikios, Athens, Greece.

Governmental Care of Tuberculous Patients in the Home, Dispensaries, Tuberculosis Farms and Camps.

Dr. I. Rapshewsky, St. Petersburg, Russia.

"The U. S. Marine Hospital Sanatorium for Tuberculosis at Fort Stanton, N. M.: A Résumé of Nine Years' Work," Dr. P. M. Carrington, Fort Stanton, N. M.

"Some of the Newer Features in Sanatorium Construction and Management as Shown by the Ohio Institution," Dr. C. C. Probst, Columbus, Ohio.

"The Governmental Care of Tuberculous Patients as Exercised by the State of Pennsylvania," Dr. S. G. Dixon, Harrisburg, Pa.

"Tuberculosis in Algiers," Dr. Crespin, Professor à l'Ecole Médicine d'Alger.

Educational Propaganda and Scientific Research Under Government Auspices.

Dr. M. J. Rosenau, Dr. Anderson, Washington.

"Educational Propaganda Through Local Lay Agencies, Especially the Schools, Social Settlements and Charity Organizations," Dr. Henry B. Ward, Lincoln, Neb.

Dr. Victor C. Vaughan, Ann Arbor, Mich.

Sanitary Measures in the Home, Including Cleansing, Disinfection, Better Housing, Ventilation, etc.

Dr. E. W. Hope, Liverpool, England.
Dr. W. A. Evans, Chicago, Ill.

Sanitary Surveillance Over Travelers and Those Engaged in Trades and Occupations, in Public Buildings, Factories and Workshops, etc.

"The Present Status of Railway Sanitation in the United States," Dr. H. M. Bracken, St. Paul, Minn.

Prevention of Tuberculosis Among Children and Adolescents, Including the Subjects of Heredity, Environment, Schools, Factories, Playgrounds, etc.

"Overcoming the Predisposition to Tuberculosis and the Danger from Infection in Childhood," Dr. S. A. Knopf, New York.

Collection of Statistics.

"At What Periods and in What Measure Has the Reduction in the Mortality Rate from Tuberculosis Manifested Itself in the City of New York During the Past Forty Years?" Dr. W. H. Guilfoy, New York.

"The Importance of Family Histories for the Study of Tuberculosis," Dr. Charles V. Chapin, Providence, R. I.

"Tuberculosis from the Statistical Standpoint," Dr. Charles A. Hodgetts, Washington, D. C.

"The Collection of the Statistics of Tuberculosis," Dr. C. D. Wilbur, Washington, D. C.

PROVISIONAL PROGRAM.

Outline of Topics for Section VII.

(1) *Prevalence of Tuberculosis.*—Among domestic animals, the relation of tuberculosis to the animal industries, economic importance of this disease.

(2) *The Modes of Infection.*—Portals of entry, influences favoring infection, relation of methods of husbandry to the prevalence of tuberculosis in animals.

(3) *The Diagnosis of Tuberculosis in Animals.*—Physical examination, bacteriological examinations of tissues, secretions and excretions; serum reactions; tuberculin tests, systemic and local reactions.

(4) *Resistance to Tuberculosis.*—As shown by genera, species, breeds, families and individuals; the conditions that influence natural resistance; artificial immunity, extent, duration, vaccination against tuberculosis, methods, results and practical application.

(5) *Methods for Controlling Tuberculosis in Animals.*—Methods applicable and in lightly infested herds and districts; results of operations in different countries and in the various States of the United States.

(6) *The Comparative Bacteriology and Pathology of Tuberculosis in Animals.*—The inter-relationships of tuberculosis in animals of different species.

(7) *The Relation of Tuberculosis in Animals to the Public Health.*—The evidence for and against the transmission of tuberculosis from animals to man; infection of man from animals by association, inoculation, feeding of meat and milk.

(8) *Milk Hygiene.*—Its relation to tuberculosis in animals; methods that may be adopted to prevent the milk supply.

(9) *Meat Hygiene.*—Its relation to tuberculosis in animals; guiding principles and rules by which the meat inspector should be governed in adjudging the carcasses of animals infected with tuberculosis.

"Rapports des Tuberculoses Humaine et Bovine," S. Arloing, Lyons, France.

"Tuberculosis Among Range Cattle in California," Geo. F. Baker, San Francisco, Cal.

"The Infection of Swine from Tuberculous Cattle," A. W. Bitting, Purdue University.

"Tuberculosis in Wild Animals," W. Reid Blair, New York.

"The Dissemination of Tuberculosis in Domestic Animals in the Southern States," C. A. Cary, Agricultural College, Alabama.

"The Enlistment of the Educational Forces of the State in the Suppression of Tuberculosis of Animals," J. W. Connaway, University of Missouri.

W. H. Dalrymple, Agricultural College of Louisiana.

"The Oculo-tuberculin Reaction in Cattle," Chas. F. Dawson, State College of Newark, Del.

"The Susceptibility of Cattle to the Virus of Surgical Forms of Human Tuberculosis," R. R. Dinwiddie, Experiment Station, Arkansas.

"The Tuberculin Test of Cattle in Its Relation to Public Health," George B. Jobson, Franklin, Pa.

L. A. Klein, Harrisburg, Pa.

"Tuberculosis Among Cattle on the Open Range," M. E. Knowles, Helena, Mont.

C. J. Marshall, Philadelphia, Pa.

J. R. Mohler, Washington, D. C.

"The Economic Importance of Tuberculosis of Food-Producing Animals," A. D. Melvin, Department of Agriculture, Washington, D. C.

"The Value of Tuberculin in the Control of Tuberculosis in Herds," V. A. Moore, Cornell University.

"A Study of the Results of the Continuing Injection of Tuberculin Upon Tuberculous Cattle," A. B. Nelson, State College, Washington.

"Meat and Dairy Herd Inspection as Preventive Measures Against the Spread of Tuberculosis Among Cattle," Otto G. Noack, Reading, Pa.

Leonard Pearson, Philadelphia, Pa.

"Lessons from the Experience of Massachusetts in the Control of Tuberculosis of Cattle," Austin Peters, Boston, Mass.

"The Relation of Tuberculosis of Swine in Tuberculous Herds," A. T. Peters, University of Nebraska.

"Tuberculosis of Cattle from the Farmer's Standpoint," Jesse E. Pope, Orange, N. J.

M. P. Ravenel, University of Wisconsin.

M. H. Reynolds, University of Wisconsin.

"The Control of Bovine Tuberculosis," J. G. Rutherford, Ottawa, Canada.

Dr. Salazar, Havana, Cuba.

E. C. Schroeder, Department of Agriculture, Washington, D. C.

"The Pathology of Tuberculosis of Swine," S. Stewart; Dr. Kinsley, Kansas City, Mo.

"Prevalence of Tuberculosis Among Dairy Cattle Near San Francisco, Cal.," A. R. Ward, University of California, and C. M. Haring, University of California.

"The Bang Method for Controlling Tuberculosis of Cattle," A. S. Wheeler, Biltmore, N. C.

"The Oculo-Tuberculin Test for Tuberculosis in Bovine Animals," D. S. White, University of Ohio.

TRANSACTIONS OF THIS MEETING.

Active members of this Congress obtain printed volumes containing the above work of the Congress. The price of active membership is five dollars, and may be sent to Dr. M. M. Smith, Dallas. The volume will be of untold value.

DELEGATES TO THE INTERNATIONAL CONGRESS ON TUBERCULOSIS FROM THE STATE MEDICAL ASSOCIATION OF TEXAS.

In conformity to a resolution passed at the last meeting of the State Medical Association of Texas, Dr. H. W. Cummings, President, has selected the following list of representative physicians of the State as delegates from the Association to the International Congress on Tuberculosis. These names were selected as men specially interested in this great movement as well as those who would strive to attend. He has sought the aid of the officers of the Association that he might not overlook any who desired to go. The President is pleased that a large attendance is assured, as indicated by replies to appointments. He will be pleased to add the names of any others who contemplate attending the Washington meeting, and requests that those who expect to be present notify him, in order that he may send them official credentials.

1. Dr. F. E. Daniel, Austin.
2. Dr. J. M. Inge, Denton.
3. Dr. A. Garwood, New Braunfels.
4. Dr. J. H. Wood, Hubbard.
5. Dr. I. C. Chase, Fort Worth.
6. Dr. S. C. Red, Houston.
7. Dr. J. S. Lankford, San Antonio.
8. Dr. W. E. Sturgis, Stephenville.
9. Dr. C. E. Cantrell, Greenville.
10. Dr. C. A. Smith, Texarkana.
11. Dr. S. T. Turner, El Paso.
12. Dr. N. J. Phenix, Colorado.
13. Dr. D. R. Fly, Amarillo.
14. Dr. W. B. Russ, San Antonio.
15. Dr. Frank D. Boyd, Fort Worth.
16. Dr. W. A. Duringer, Fort Worth.
17. Dr. H. J. Hamilton, Laredo.
18. Dr. J. C. Anderson, Granger.
19. Dr. W. A. McCamly, Wharton.
20. Dr. John T. Moore, Galveston.
21. Dr. Jas. A. Hill, Groveton.
22. Dr. C. A. Grey, Bonham.
23. Dr. Holman Taylor, Marshall.
24. Dr. J. A. Holloway, Round Rock.
25. Dr. W. F. Gallagher, El Paso.
26. Dr. D. H. Huffaker, El Paso.
27. Dr. Chas. M. Hendricks, El Paso.
28. Dr. G. N. Thomas, El Paso.
29. Dr. W. J. Vinsant, El Paso.
30. Dr. J. W. Warren, Snyder.
31. Dr. W. D. Patton, Amarillo.
32. Dr. D. H. Barnes, Tulia.
33. Dr. J. A. Hedrick, Dalhart.
34. Dr. J. E. Dodson, Vernon.
35. Dr. J. W. Albert, Childress.
36. Dr. C. M. Alexander, Coleman.
37. Dr. Thos. Dorbandt, Lampasas.
38. Dr. Boyd Cornick, San Angelo.
39. Dr. F. B. Magruder, San Angelo.
40. Dr. Newton Long, Santa Anna.
41. Dr. F. Paschal, San Antonio.
42. Dr. Theo. Y. Hull, San Antonio.
43. Dr. W. A. King, San Antonio.
44. Dr. C. C. Jones, Comfort.
45. Dr. D. Y. Willbern, Runge.
46. Dr. E. E. Palmer, Kerrville.
47. Dr. Fred J. Combe, Brownsville.
48. Dr. M. M. Smith, Dallas.
49. Dr. Henry Redmond, Corpus Christi.
50. Dr. E. A. Spohn, Corpus Christi.
51. Dr. C. P. Yeager, Corpus Christi.
52. Dr. T. J. Turpin, Corpus Christi.
53. Dr. H. G. Heaney, Corpus Christi.
54. Dr. E. H. Sauvignet, Laredo.
55. Dr. L. L. Lacy, Austin.
56. Dr. T. J. Bennett, Austin.
57. Dr. Walter Shropshire, Yoakum.
58. Dr. F. O. Norris, Eagle Lake.
59. Dr. F. Kirkham, Cuero.
60. Dr. G. W. Allen, Flatonia.
61. Dr. F. B. Shields, Victoria.
62. Dr. John T. Moore, Galveston.
63. Dr. David H. Lawrence, Galveston.
64. Dr. W. S. Carter, Galveston.
65. Dr. Edward Randall, Galveston.
66. Dr. J. E. Thompson, Galveston.
67. Dr. J. M. O'Farrell, Richmond.
68. Dr. J. W. Scott, Houston.
69. Dr. Joe Stewart, Houston.
70. Dr. Joseph Mullen, Houston.
71. Dr. R. E. B. Bledsoe, Somerville.
72. Dr. Geo. R. Barnes, Trinity.
73. Dr. Albert Woldert, Taylor.
74. Dr. W. G. Jameson, Palestine.
75. Dr. W. G. Lipscomb, Crockett.
76. Dr. M. L. Graves, Galveston.
77. Dr. Alex Spencer, Temple.
78. Dr. W. L. Crosthwaite, Holland.
79. Dr. J. M. McCutchan, Waco.
80. Dr. G. B. Foscue, Waco.
81. Dr. M. L. Langford, Mart.
82. Dr. J. H. Burnett, Koppert.
83. Dr. Geo. F. Perry, Hamilton.
84. Dr. J. H. Petty, Franklin.
85. Dr. W. H. Blythe, Mount Pleasant.
86. Dr. Geo. R. Tabor, Dallas.
87. Dr. A. W. Carnes, Hutchins.

88. Dr. J. T. Wilson, Sherman.
89. Dr. B. F. Calhoun, Beaumont.
90. Dr. A. B. Small, Dallas.
91. Dr. R. H. Gough, Hillsboro.
92. Dr. J. H. McCracken, Mineral Wells.
93. Dr. J. D. Osborne, Cleburne.
94. Dr. Edward H. Cary, Dallas.
95. Dr. J. B. Shelmire, Dallas.
96. Dr. C. M. Rosser, Dallas.
97. Dr. W. R. Blailock, Dallas.
98. Dr. Henry K. Leake, Dallas.
99. Dr. Bacon Saunders, Fort Worth.
100. Dr. W. H. Allen, Marlin.
101. Dr. Daniel Parker, Calvert.
102. Dr. K. H. Aynesworth, Waco.
103. Dr. H. M. Lanham, Waco.
104. Dr. W. T. West, Waxahachie.
105. Dr. W. C. Blalock, Kosse.
106. Dr. J. W. McLaughlin, Austin.
107. Dr. O. L. Norsworthy, Houston.
108. Dr. Geo. H. Lee, Galveston.
109. Dr. F. U. Painter, Pilot Point.
110. Dr. J. W. Torbett, Marlin.
111. Dr. J. Philip Gibbs, Houston.
112. Dr. T. B. Kittrell, Texarkana.
113. Dr. P. E. Parker, Bay City.
114. Dr. P. W. Pearson, Emory.
115. Dr. B. F. Stout, San Antonio.
116. Dr. Pierre Wilson, Dallas.
117. Dr. W. M. Wier, Houston.
118. Dr. H. L. Warwick, Fort Worth.
119. Dr. J. S. Wilkins, Wellington.
120. Dr. W. B. Weber, Round Rock.
121. Dr. Geo. H. Moody, San Antonio.
122. Dr. Russell Caffery, San Antonio.
123. Dr. Jas. H. Bindley, San Antonio.
124. Dr. W. B. Wright, San Antonio.
125. Dr. A. D. Du Puy, San Antonio.
126. Hon. Chas. W. Adgen, San Antonio.
127. Hon. R. L. Ball, San Antonio.
128. Prof. Wesley Peacock, San Antonio.
129. Mr. George W. Brackenridge, San Antonio.
130. Rev. John T. Nicholson, Houston.
131. Mrs. Emma H. Townsend, Corsicana.
132. Dr. Thomas J. Farmer, Dublin.
133. Dr. F. D. Garrett, Gainesvile.
134. Dr. P. S. Russell, Batson.
135. Dr. D. S. Blair, Klondike.
136. Dr. Jas. H. Taylor, Marshall.

INSURANCE NOTES.

LIST OF CHEAP INSURANCE EXAMINERS.

The *Industrial Review*, a semi-monthly publication devoted to insurance, has devised a scheme for compiling a list of cheap insurance examiners. Physicians are invited to send a $2.00 subscription to the *Review* and to sign a contract which agrees, among other things, that for the subscription to the journal and the subscriber's name inserted in a list of insurance examiners, each doctor shall agree to accept $2.00 for single insurance examination, $3.00 for the adjustment of a claim, and $1.00 for each additional examination of the same individual, with 25 cents a mile additional if required to go beyond the city limits, or more than three miles from his office. The *Industrial Review* proposes to put this list of cheap insurance examiners in the hands of various insurance companies, and believes that this "Bureau of Physicians will fill a long-felt want with the insurance companies, and will undoubtedly bring a large volume of business to the physician who is fortunate enough to secure appointment." With upwards of seventy counties pledged to accept nothing less than a $5.00 fee for insurance examinations, we imagine the business of the *Industrial Review* in Texas will not be great.

The *Industrial Review*, of Philadelphia in its attempted efforts to secure a list of examiners who agree to do cheap insurance examinations, so far as we can find has thus far added to its list the names of only three men under the caption "Texas." These are Dr. John W. Embree, Dallas; Dr. Edward C. Clavin, San Antonio; Dr. J. Edward Hodges, Houston. Of these men, only the last is a member of his county society.

NORTHWESTERN NATIONAL LIFE ADOPTS A $5.00 EXAMINATION FEE.

MINNEAPOLIS, MINN., August 1, 1908.

To the Medical Examiners of the Northwestern Life Insurance Company.

GENTLEMEN: Northwestern National Examiners, in all cases, are appointed from the home office, and are selected on account of professional ability and integrity.

It is desired to retain permanently the services of men of efficiency and promptness, and that such men should be satisfactorily remunerated for services rendered the company.

A uniform fee of $3 was fixed by the management upon the organization of the company in 1885, and continued until soon after the present management took charge, when t graduated fee was adopted of $3 on applications of $2500 less and $5 on applications in excess of $2500.

Believing that the importance of the medical examinati can not be overestimated in securing a careful selection risks, and desiring only the most thorough and painstaki work in connection with each examination, regardless of t amount of insurance applied for, it has been determined our executive committee that hereafter a uniform fee of will be paid for all medical examinations.

Bespeaking a continuation of your careful work as an e aminer and your interest in the growth and upbuilding of t company, I am, Very truly yours,

L. K. THOMPSON, President.

The following companies are now paying the $5 rate for li insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Texas Life, Waco, Texas.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Ector.	Jasper.	Orange.
Bandera.	El Paso.	Johnson.	Potter.
Bastrop.	Edwards.	Karnes.	Rockwall.
Blanco.	Erath.	Kaufman.	Robertson.
Bosque.	Fisher.	Kendall.	Runnels.
Briscoe.	Floyd.	Kerr.	San Augustine.
Burnet.	Franklin.	Lampasas.	Sherman.
Caldwell.	Gillespie.	Leon.	Stephens.
Cass.	Gonzales.	Lubbock.	Stonewall.
Camp.	Grayson.	Madison.	Swisher.
Childress.	Guadalupe.	Martin.	Titus.
Clay.	Hale.	Medina.	Travis.
Colorado.	Hill.	Midland.	Upshur.
Collin.	Hopkins.	Milam.	Uvalde.
Comal.	Howard.	Montgomery.	Wilbarger.
Cooke.	Hamilton.	Morris.	Williamson.
Dallam.	Harrison.	Newton.	Wood.—71.
De Witt.	Hartley.	Nolan.	

NEWS.

The Eleventh or Eastern District Medical Society will hold its next meeting in Palestine, September 8th.

The French Government Honors Dr. C. A. L. Reed.—Recently Dr. C. A. L. Reed, of Cincinnati, was appointed a Chevalier of the Legion of Honor by the government of France.

The Beaumont Journal of July 25th contains an excellent public address delivered by Dr. J. J. Terrill, of Galveston, before the Jefferson County Medical Society, on "Food as Carrier of Disease."

Two New Hospitals at Texarkana.—The physicians of Texarkana are spending more than $65,000 in the erection of two modern, well-equipped hospitals. The two will contain nearly one hundred beds.

To Discuss Tropical Fevers.—Dr. W. F. Shuttler, of Dallas, attended the Pan-American Medical Congress, in Guatemala City, which began August 5th. Tropical fevers was one of the subjects of discussion.

The Texas Division of the Travelers' Protective Association has appointed a committee of one hundred to attend the International Congress on Tuberculosis, at Washington, September 21st to October 12th.

New Councilor of Fifth District.—By the consent of the Board of Councilors, Dr. H. W. Cummings, President, has appointed Dr. W. A. King, of San Antonio, Councilor of the Fifth District in place of Dr. W. B. Russ, resigned.

Dr. T. P. Lloyd, of Shreveport, Married.—Dr. T. P. Lloyd and Miss Elsie Jacobs, both of Shreveport, were married on August 18th, according to telegram from Dr. Oscar Dowling, the genial editor of the *Medical Recorder* at Shreveport.

Guests of the North Texas Medical Society.—Dr. C. H. Mayo, of Rochester, Minnesota, and Dr. A. H. Ferguson, of Chicago, have both been invited to be the guests of honor at the North Texas District Medical Society meeting in Dallas, December 8th and 9th.

Vital Statistics for July.—The vital statistics bulletin for July shows the total births for the month to be 3995, total number of deaths, 1328, of which number 49 died from typhoid. This is an increase in the number of deaths from typhoid over the previous month.

Dr. Robert Koch, discoverer of the tuberculosis germ and of the cholera germ, will attend the coming International Congress on Tuberculosis at Washington as a representative of the German government. He is now in Japan, but will sail soon for America.

Judges at the Tuberculosis Congress.—Among the fifty judges appointed from the United States to decide awards at the International Congress on Tuberculosis at Washington are Dr. J. T. Wilson, of Sherman, Texas, and Dr. W. B. Russ, of San Antonio, Texas.

Dr. Bell Denounces Medical Examining Board.—Dr. A. C. Bell, of Dallas, Dean of the Dallas Medical College, has preferred charges against the State Medical Examining Board to Governor Campbell for alleged discrimination against the Bell Medical College.

The Thirteenth District Society Meeting.—The thirtieth semi-annual session of the Northwestern District Medical Society of the Thirteenth District occurs at Wichita Falls, Tuesday, October 13th. There will be a valuable program, largely clinical and social in character.

President Praises Sanitary Work at Canal.—President Roosevelt expressed great satisfaction over sanitary conditions at the Isthmus, as shown by a report of the special commission appointed to investigate conditions there, and attributes to it the great progress being made in construction work.

Texas Quarantine Against Mexico.—As a result of an inspection made at various points in Mexico, Dr. Brumby established a rigid quarantine against Mexican points south of Vera Cruz. Seven cases of yellow fever have resulted fatally. Many Texas towns along the border are in good sanitary condition.

The State Board Threatened.—Drs. J. E. Mitchell and R. O. Braswell, of Fort Worth, members of the State Medical Examining Board, published recently in the Fort Worth *Record* that they had each received anonymous letters threatening them if verification licenses were not issued the anonymous writers.

Protest Against Sending Helpless Consumptives to Texas.—Dr. W. M. Brumby, State Health Officer, intends to present to the International Congress on Tuberculosis, at Washington, an emphatic protest on behalf of Texas against the sending of helpless tuberculous subjects to this State by physicians in other States.

Still Applying for Verification Licenses.—In spite of the fact that the 12th of July has long since passed, applications continue to arrive for verification licenses. Over one hundred are now on hand in the office of the new Secretary, Dr. Marquis E. Daniel, of Honey Grove, and the Board is, of course, powerless to take action after the above date.

New Officers of the State Medical Examining Board.—At the meeting of the State Medical Board, held August 3rd, at Fort Worth, the following new officers were elected: Dr. J. D. Osborne, of Cleburne, President; Dr. M. E. Daniel, of Honey Grove, Secretary; Dr. J. D. Mitchell, of Fort Worth, Vice-President. The next meeting of the Board will be held in Dallas on November 10th.

New and Non-Official Remedies.—The following articles have been added to the list of new and non-official remedies approved by the Council on Pharmacy and Chemistry:

Beta-Eucaine Lactate (Schering & Glatz).
Capsules Glycerophosphates Comp. (Mulford Co.).
Iodalbin (Parke, Davis & Co.).
Iodalbin Capsules (Parke, Davis & Co.).

Rats Defy Poison.—The New Orleans Board of Health has announced that the experiments undertaken to rid the city of rats by poisoning them have failed. The dangers of the importation of the plague from South America, and its dissemination by the rodents, prompted the attempt to poison them. The board will now watch the success of the rigid cleaning up of all sorts of refuse as an exterminator.—*Medical Record.*

Statistics on Tuberculosis.—Reports from San Antonio on tuberculosis will be presented by City Health Officer Dr. S. Burg, at the International Congress on Tuberculosis to be held in Washington in September. Dr. Burg is a delegate, and will present statistics covering a period of twenty-eight years, from January 1, 1880, to January 1, 1908. This report will be accompanied by a treatise on the subject by Dr. Burg.—*San Antonio Daily Express.*

The Blind for Telephone Operators.—In Texas, the experiment of using blind persons for telephone operators has been tried with great success. The keen sense of hearing possessed by those who have no sight is an advantage, and they learn quickly to manipulate the keyboard by the sense of touch. The occupations in which the blind can engage are so limited, that this field, which, if available, would be almost unlimited because of the great extensions of the telephone systems, seems worthy of investigation.—*Medical Record.*

Letters to Congressmen to Secure a National Bureau of Health.—Letters have been written to all Congressmen in Texas soliciting their co-operation in securing the best legislation possible to increase government investigation and control of preventable diseases, and calling their attention to the plank in both the Democratic and Republican platforms advocating the establishment of the Department of Public Health. The physicians of the State should be active in securing the co-operation of Texas Congressmen in pushing this work.

Danger in Telephone Booths.—There is need for a new style telephone booth which is better adapted to preserve the health and insure the comfort of the general public. The present style of booth is badly ventilated, a source of infection, and a constant menace to public health. They should be less tightly constructed, and provided with some means of ventilation, so that fresh air may frequently be thrown into them while they are in use. At the same time, patrons should avoid any unnecessary handling of receiver and transmitter.—*Fort Worth Record.*

Greenville Board of Health Organized.—The Board of Health met August 25th in the office of Dr. B. F. Arnold for the purpose of organization. The Board will meet once each month, and is composed of the following members: Dr. M. M. Chandler, President; Dr. Edwin P. Becton, Vice-President; Dr. Milus L. Moody, Secretary; Drs. David R. Waddle, T. J. Milner and B. F. Arnold. The latter two are ex-officio members because of their connection with the health affairs of the city and county. The Board will meet with the school board just preceding the opening of the local schools.—*Greenville Banner.*

Dr. Brumby Urges Vaccination.—In a letter to the county superintendents in their meeting at Austin early in August, Dr. Brumby made a strong plea for compulsory vaccination of school children. He called attention to the epidemic of smallpox in the State within the past year, which was mild, owing to the effects of vaccination. Only eight deaths were reported. He cited the history of several States in which a devastating epidemic of smallpox followed a period of several years of freedom from the disease and laxity of vaccination. He urged the county superintendents to pass resolutions approving compulsory vaccination in Texas schools.—*Houston Post.*

Doctors Worked by Druggists.—The old plan of proprietary medicine firms working the doctors through the druggists is being practiced by the Capudine Chemical Company, of Raleigh, N. C. The doctor receives a letter stating that by request of the druggist a folder is enclosed, showing the formula and some suggestions for the use of the remedy being introduced. The formula does everything but enlighten, containing unknown chemical formulæ, several well-known drugs, and the name of something like eapu, which is unknown, but described as a cellulin product, whatever that may be. The whole scheme is backed by an article from some proprietary medical journal describing the wonderful effect of the medicine.

Prof. J. M. Dunn, Principal of the Texas Institution for the Blind, at the nineteenth biennial session of the American Association of Instructors for the Blind, at Indianapolis, said: "The association expresses gratification because of the efforts that are making in the direction of the prevention of blindness. Statistics show that at least 25 per cent of the blindness in this country is caused from ophthalmia neonatorum, and the American Medical Association at its Chicago meeting in June of the present year declared that nearly one-half of the whole number of cases of blindness in young children is attributable to this cause. That association also stated that in most cases the disease is preventable. It is to be hoped that State and county medical associations will give due consideration to this most important subject."

Another Case Against the State Medical Board.—A case was instituted at Bonham against the State Medical Board, involving a question of construction under the law. It is an effort to compel the present Board to recognize a certificate issued by an old district medical board in 1889 to a woman, limiting her practice to obstetrics and diseases of women and children. The new law permits but one subdivision of the subjects, that of obstetrics from all the remainder, according to the contention of Assistant Attorney General J. T. Sluder. His position in this case is that the applicant must confine herself to obstetries, or take an examination covering all the other subjects, if she wishes to practice in diseases of women and children. He also contends that there was no authority in law under the old district regime for issuing a license to practice in diseases of women and children, although obstetries was authorized to be separated. The case was postponed.

The Pestiferous House Fly.—It is only of late years that science has discovered the full extent of the fly's offending, the serious danger to health of his presence in the household, even though his intentions are not evil, and although he does not inflict pain by bite or sting. Flies are bred almost wholly in stables. By proper use of a carbolic preparation, this breeding can be wholly stopped. The people who own the stables should see that this is done. If they will not do it of their own volition, and for their own sake, the sanitary authorities should see that this is done where the stables are within the city limits. When stables and slaughter houses are kept in a perfectly sanitary condition, there will be no flies there, and not very many elsewhere. Where flies are plentiful, it is indubitable evidence of uncleanliness and lack of proper sanitation either on the immediate premises or somewhere nearby. The cities and towns that are rightly administered have practically rid themselves of mosquit and at the same time of malarial fever. The fly carries o ailments which are more common, and which are more less prevalent everywhere during every summer. He is, th fore, a greater menace to health than is the stegomyia, and destruction is imperative.—*San Antonio Daily Express.*

San Antonio Healthiest City in United States.—The re of the San Antonio Health Department for the month of J as compared with the United States Census Report for 1 shows San Antonio to be the healthiest city with a popula of 100,000 in the United States. According to the last gov ment census, St. Joseph, Mo., with a death rate of 9.1 1000, showed the lowest mortality, and Shreveport, La., w 45.5 was the highest. According to the report just prepared the City Health Department, the rate in San Antonio for last month was 7.68 per 1000, which is considerably less t the percentage of the healthiest city with a population 100,000 in the United States in 1900, which is a remarka good showing, and speaks well for the Health Department, well as for the unexcelled climate and cleanliness of San tonio. The report shows the annual death rate per 1000 habitants, based on residents and non-residents contract disease and dying in the city, and after deducting the dea of persons contracting disease elsewhere, which was 38; fants, 10; external violence, poisoning, etc., 11; bodies ship here from elsewhere, 3; and died outside of city limits, 4, leaves 64 deaths for San Antonio during the month of J The total number of death certificates issued was 130. as shown by the report, only 64 persons died of disease c tracted in San Antonio.—*San Antonio Daily Express.*

Educational Delegates to Tuberculosis Congress.—Prof. M. Bralley, General Agent of the Conference for Education Texas, appointed one hundred delegates to the Internatio Congress on Tuberculosis. His letter, urging interest in Congress by Texas teachers, is a strong one, an extract fr which follows:

"This Congress is of vast importance to our people, and parti larly to educators of our State, in that it is an awakening of uation—an educational campaign for the prevention of tuberculo There we will learn of its etiology, care and treatment. We learn of the burdens entailed by tuberculosis; on individuals families; on industry; on relief agencies; on the community; social progress. We will learn of the cost of securing effect control of the disease; in large cities; in smaller towns; in ru communities."

"Under the section on elementary and popular education will co those features with which you and I have most to do; special lit ature for general distribution; exhibits and lectures; an educatio propaganda and the hygienic instruction, personal, and in class, all grades; development of the conception of physical well-bei measures for increasing resistance to disease, such as parks a playgrounds, outdoor sports, physical education, raising the stand of living in respect to housing, diet, and cleanliness; individual munity and social conditions favorable to general immunity. Ma questions will be discussed by eminent scientists and world-w authorities which will be of particular interest and value to educational and physical welfare of the youth of Texas. I h you will be able to attend this Congress, interest your friends the movement, and otherwise co-operate with the Committee Organization."

Meeting of the Medical Association of the Southwest.—T August meeting of this society will be held at Kansas Ci October 9 and 21, 1908. Dr. F. H. Clark, of El Reno, Okl Secretary and Treasurer, announces the following outline the program: Monday, October 19, a. m., clinics at the vario hospitals and colleges.

Monday afternoon will be given up to the preliminary wo of the society.

Monday evening a dinner and banquet at the Coates Hou will be tendered the ladies, to which the gentlemen are invite

Tuesday, scientific sessions both morning and afternoon.

In the afternoon, the ladies, under the direction of Dr. J. Griffith, will be given an automobile ride through the bea tiful parks and boulevards and over the famous cliff dri stopping for "tea" at the Country Club and returning to t Coates House about 6 p. m.

Tuesday evening a smoker will be tendered the physicia by the profession of Kansas City. This will be held at t Coates House.

Wednesday will be given up entirely to the scientific sessi and the election of officers.

Thursday, Friday and Saturday preparations are being ma to have some very interesting clinics held at the various ho pitals and colleges.

Plan to arrive early Monday morning and stay just as lo as you can.

The Trask Mandamus Suit.—The mandamus suit brought by Dr. H. A. Trask, of Houston, in the district court at Fort Worth, to compel the State Medical Board to issue him verification license to practice medicine in the State, has been postponed, the attorneys for the plaintiff having filed application for more time in which to prepare their answer to the pleadings of the attorneys for the State. In his petition Dr. Trask gave no reason for the Board refusing to grant him a license. The Board, represented by Assistant Attorney General Sluder and County Attorney R. E. L. Roy, filed an answer showing that the license held by Dr. Trask had not been obtained by the full consent of the old Board previous to the filing of the verification certificates, and, therefore, was not legal. The attorneys for the plaintiff made no attack on this form of defense, but requested a hearing at a future time. Judge Sluder, for the Board, agreed to a postponement of the other cases in which the same questions are involved, and Judge Smith set all the cases for a hearing on September 28th. By reason of this, more than one hundred physicians in the State will be compelled to continue their enforced vacation until after that date, at least. At the meeting of the State Medical Board, August 3rd, a resolution was adopted in which the Board warned physicians in the State that if they used verification certificates issued by the Board for the purpose of operating a medical institute, or any other form of medical business where cures are advertised, that the license would be revoked.

An order of Judge Mike E. Smith directed district clerks to record the order as a verification license belonging to Dr. Trask until such time as the suit between the doctor and the State Board shall have been decided. What right Judge Smith had to issue such an order, which the law delegates alone to the State Board of Medical Examiners, was not developed.

Dr. Brumby Formulates a Plan of Curtailing Tuberculosis.—Dr. W. M. Brumby, State Health Officer, has recently sent the following strong letter to the delegates appointed from among county and municipal health officers to the Congress on Tuberculosis. Sixteen hundred delegates were appointed from Texas, and it is expected that six hundred will attend:

Texas, which is naturally a health-giving State, is made conspicuous by the fact that it contains the city which of all cities in America has the highest mortality from tuberculosis. This condition of affairs did not come about in a day, and can not possibly be remedied except after years. Shall we begin now? It is too important a matter to delay.

Second, the death rate from tuberculosis among native-born Texans has increased in the last five or ten years. This is the logical outcome. Hundreds of poverty-stricken consumptives have been sent to Texas by home friends. But these penniless newcomers have no way of taking care of themselves or of earning their keep. Consequently a hardship is thrown on the consumptive immigrant, or the people of Texas, one of the two. If we take him in free, then the hardship is on us. If we do not, then he starves. Food is more important than climate in the treatment of tuberculosis. No pauper can come to a strange place and get as good food as he could get at home. Hence it is important to keep these poor people at home. Of course, if they have the disease in the early stages, they can look out for themselves. Such cases may be benefited and we welcome them to our State. But old, advanced, hopeless cases can not be benefited, and should not be bundled up and shipped in here without a thought as to how they will subsist after alighting from the railway coach. These latter cases are the ones we wish to debar. They are capable of doing themselves no good, but are sure to do the public much harm.

Several States have already agreed to co-operate with us in staying the tide of dangerous and hopeless cases of tuberculosis, and we hope to unite all the Southwest in an effort to correct this evil. Our plan is to have the Texas health officers attend this Congress in a body. En route, the health officers will stop at different cities and address the local medical profession, who will have been notified to meet the train. We will register a protest against this method of one State foisting off its paupers on another State. Charitable societies will be requested also not to send sick paupers to Texas unless they have a certificate from some reputable physician that they believe this climate will benefit them, and without arranging for his sustenance while here. This is for the paupers' sakes. And will also prevent the spread of tuberculosis. The enclosed letter shows how mistakes are sometimes made.

LETTER FROM MRS. SADIE HALEY, ASSOCIATED CHARITIES, SAN ANTONIO.

Having read your communication addressed to the president of health boards all over the State, I feel constrained to, if possible, raise my voice in condemning the practice of other States in sending their indigent consumptives to our midst. To my mind there is no more cruel practice resorted to than the above. And San Antonio seems to be the Mecca to which they are directed, and I, who come in daily contact with this pitiable class, am in position to realize the enormous wrong done them and the imposition daily practiced upon our community by other States. The law is easily evaded as it now is, also the agreement of charities and corrections. For, if the county or Charity Association refuses to procure a charity ticket, when enough is raised to purchase full fare, the party is made to promise not to tell how they got here, and they arrive entirely destitute and become at once charges upon the community.

As only the poorest accommodations can be found for this class, they are not only unbenefited and must slowly sink into a miserable grave, but they are a great menace to the community, not having the means to provide sanitary measures for themselves and not caring for others. I sincerely hope that a measure may be adopted that will enable any community or person in authority to have the power to at once return a person to their State, city or county, wherever located, upon their application for charity, if that person is seen to be afflicted of tuberculous disease or any other disease rendering them a charge upon a community, as cripples, blind, etc. Not only that, I believe their railroad fare should be chargeable to the community where they rightfully belong.

Our city has a great burden to bear, for we get the indigent class from every direction, often whole families, perhaps the husband is so far gone he must be carried, while a wife and from three to six children are added, and we must find a house and all living for these people until death liberates the sufferer; then the wife desires to return to her home, and we must raise money to convey herself and family to their far-away State. This sort of thing goes on in an endless procession, until our very souls are weary. Please help us.

Report of the Result of the Examination for License to Practice Medicine, held June 30, 1908, by the Texas State Board of Medical Examiners.

Ninety-nine Applicants, Seventy-nine Passed, Twenty Failed.

Name.	Home Address.	School of Grad. and Year.	School of Prac.	Per cent.
Arnold, E. M.	Houston	U. of Texas, '07	R	85.8
Baker, C. D.	Carthage	Tulane, '08.	R	87.6
Bates, F. W.	Dallas	Baylor U., '08	R	78.4
Beal, A. R.	Moline, Ill.	Rush Med., '93	R	85.03
Benson, C. W.	Monroe	Memphis H. M. C., 1900	R	77.08
Beverly, A. F.	McKinney	Tulane, '08.	R	89.38
Boone, J. N.	Mt. Selman	U. of Nashville, '08.	R	79.78
Burk, W. E.	Center Point	U. of Texas, '08	R	90.4
Buck, C. B.	Abilene, Kan.	Kan. Med., '04	R	90 7
Cary, T. S.	El Paso	P. & S., Baltimore, '06	R	83
Cave, J. F.	Kansas City, Mo.	Ecl. M. of Kan. City, '08	E	82 66
Chandler, C. E.	Smiley	Memphis H. M. C., '08.	R	81.7
Colgin, T. E.	Waco	Tulane, '08.	R	83.57
Conley, J. W.	McGregor	Tulane, '08.	R	84.4
Diaz, F. R.	San Antonio	Vanderbilt, '94	R	91.33
Dudgeon, L. O.	Galveston	U. of Texas, '03	R	90.9
Dyer, Betty Ross.	Amarillo	Amer. Sch. Osteo., '08.	O	81.19
Eargle, H. C.	Proctor	Ft. Worth U., '05	R	84.29
Earl, Hallie	Marlin	Baylor, '07.	R	95.4
Eckel, G. M.	Galveston	U. of Texas, '08	R	86.6
Eckhardt, J. C. Q.	Galveston	U. of Texas, '08.	R	86.16
Ellis, J. B.	Sherman	Jefferson Med., '01	R	87.23
Ellis, T. H	Clarendon	U. of Penn, '08.	R	84.7
Estep, M. A.	Lake Creek	Nashville Med., '06	R	88.54
Evans, D. L.	Dallas	Baylor, '08.	R	86.6
Feizgerald, J. W.	Marlin	Vanderbilt, '98.	R	74.15
Fougerousse, H. L.	McGregor	Tulane, '08.	R	90.26
Garland, A. B.	Vernon	U. of Nashville, '05.	R	78.9
Gray, C. E.	Galveston	U. of Texas, '08	R	91.4
Griffin, Ira A.	Nolanville	Memphis H. M. C., '08.	R	74.09
Halamicek, J. A.	Fayetteville	Memphis, H. M. C., '08	R	78.4
Halbert, Ada Ben.	Waco	U. of Texas, '08.	R	87.48
Harrald, Pope Leo.	Dallas	Meharry, '08.	R	76.38
Harris, T. F.	Eagle Lake	U. of Tenn., '08	R	81.8
Hartman, Henry.	Galveston	U. of Texas, '07.	R	90 6
Hartman, V. A.	Evant	Memphis H. M. C., '08.	R	76.5
Hays, A. R.	Crowley	Tulane, '08.	R	87.5
Hodge, R. H	Athens	U. of Texas, '05	R	84.1
Jansing, B. A.	Norman, Okla.	P. & S., St. Louis, '08.	R	85.5
Jones, E. F.	Whitesboro	U. of Texas, '08	R	91.1
Jones, R. L.	Sherman	Tulane, '08.	R	86.9
Johnston, J. C.	Amarillo	Ft. Worth U., '08.	R	86.4
Judd, W. C	Paducah	Willamette U., '08.	R	82 7
Kenney, N. M.	San Antonio	Tulane, '08.	R	86.02
Kline, L. B.	Rule	Geo. Wash. U., '07.	R	88.05
Klutz, W. C.	El Paso	U. of Penn., '99	R	94.2
Lambdin, G. D. M.	Charley	Kansas C. Med., '05.	R	85.03
Marshall, A. E.	San Antonio	U. of Tenn., '95	R	85.96
Mewshaw, R. E. L.	Abilene	U. of Texas, '08.	R	89.7
McAdon, L. E	China	Baylor U., '08	R	78.97
McCullough, F. E.	Grapevine	U. of Penn., '06	R	82.9
McGaffey, C. N., Jr.	Dallas	Southwestern, '08.	R	82.1
Moore, M. H	Wichita Falls	P. & S., St. Louis, '08.	R	78.22
Moore, T. F.	McKinney	U. of Texas, '08.	R	92.5
Newman, H. W.	San Angelo	U. of Mich., '08	R	87.6
Parish, M. O	Celeste	Ft. Worth U., '08.	R	86.4
Phillips, C. H.	Dallas	Meharry, '08.	R	74.6
Powell, E. T.	Moore	U. of Louisville, '90.	R	83.26
Powers, V. P.	San Marcos	Barnes, '07.	R	80.5
Rayburn, C. E	Lovelady	U. of Texas, '08.	R	90.7
Rea, G. L.	Bandera	N. C. Med. C., '06.	R	73.65
Roaten, Shelley	Bronte	Baylor U., '08.	R	81.5
Rogers, J. P.	Waco	U. of Nashville, '07.	R	76.92
Saxton, C. J. B.	Mount Sylvan	Chattanooga U., '08.	R	81.45
Smith, B. T.	Temple	U. of Texas, '06	R	89.88
Sykes, E. M.	Galveston	U. of Texas, '08.	R	87.6
Stroud, E. F.	Waxahachie	Tulane, '08.	R	89.5
Talley, L. R.	Temple	Jefferson Med., '07.	R	79.01
Terry, R. L.	Clarkville	Southwestern, '05.	R	87.53
Thomas, J. C.	Georgetown	U. of Texas, ' 8.	R	92.1
Veatch, O. E.	Sherman	Southwestern, '08.	R	79.9
Walker, J. H.	Alvord	U. of Texas, '08.	R	92.8
Walker, M. M.	Wichita Falls	P. & S., St. Louis, '08.	R	79.75
Watson, C. A.	Sabinetown	U. of Ark., '08.	R	82.6

Name.	Home Address.	School of Grad. and Year.	School of Prac.	Per cent.
Watson, Wm.	Uvalde	Med. Col. of Ala., '93	R	87.5
Widney, J. T.	Dallas	Southwestern, '08	R	90 5
Wilson, R. DeL.	Houston	Tulane, '08	R	92.7
Winfield, C. F.	Hico	U. of Texas, '08	R	88.67
Winter, W. S	Port Arthur	Kansas Med. Col., '08	R	81.4
Yerwood, C. R.	Victoria	Meharry, '07	R	85.79
York, Orphus	Panhandle	P. & S., St. Louis, '04	R	82.7
Youens, W. G.	Galveston	U. of Texas, '07	R	90.6
Young, B. T.	Port Lavaca	U. of Texas, '07	R	87.6
Young, O. D.	Moody	U. of Texas, '08	R	85.6

The Following Applicants Failed.

100	Meharry	1908	Reg.	63.1
36	Univ. of Nashville	1907	Reg.	67.8
66	Sewanee	1907	Reg.	60.2
97	Meharry	1908	Reg.	67.8
96	Meharry	1908	Reg.	64.9
70	P. & S., St. Louis	1908	Reg.	56.9
101	Knoxville Med.	1908	Reg.	69.2
13	University of Ark.	1901	Reg.	61.54
52	Memphis H. M. Col.	1908	Reg.	67.4
56	Memphis H. M. Col.	1908	Reg.	57 8
40	Univ. of Tenn.	1888	Reg.	68.8
94	Meharry	1908	Reg.	71.3
20	Southwestern Univ.	1908	Reg.	72.10
50	Memphis Hospital Col.	1908	Reg.	72.83
22	Chattanooga Med. Col	1905	Reg.	72.28
95	Meharry Med Col.	1908	Reg.	72.93
104	Hospital Col., Louisville	1904	Reg.	70 81
17	Dallas Med. Col.	1903	Reg.	45.56
32	Memphis Hospital Col.	1900	Reg.	*
35	Tulane University			*
	Dallas Med. Col	1903		†
	Tulane			†

* Withdrew after taking two subjects. † Did not finish.

DISTRICT SOCIETIES.

FIFTH OR SAN ANTONIO DISTRICT.

District Personals.—Dr. W. B. Russ, of San Antonio, former Councilor of the district, left August 17th with his wife and family for New York. He will attend the International Congress on Tuberculosis at Washington before returning.

Dr. J. S. Lankford and family, of San Antonio, are spending a month in the East.

SEVENTH OR AUSTIN DISTRICT.

The Williamson County Medical Society met August 13th at Georgetown. The program included a paper, "*My Experience in the Treatment of Gunshot Wounds*," by Dr. F. C. Floeckinger, of Taylor, followed by a general discussion; "*Treatment of Some of the Complications Following Abdominal Operations*," Dr. Charles H. Breuer, of Austin. Dr. G. A. Trott, of Georgetown, discussed the "*X-Ray as an Adjunct in Treating Diseases*." There was a large attendance and much interest in the proceedings.

EIGHTH OR DE WITT DISTRICT.

The Colorado County Medical Society met at Weimar, August 12th, with six in attendance. Dr. Geo. W. Cross, of Eagle Lake, was received as a new member, and appointed Secretary to fill the unexpired term of Dr. G. A. Foote. Dr. J. W. Reed, of Weimar, read a paper on "*Malaria*." The next regular meeting will be held at Eagle Lake, October 14th.

District Personal.—Dr. Bat Smith and wife, of Bay City, have returned from a visit to Mississippi and Alabama.

TWELFTH OR CENTRAL DISTRICT.

The Erath County Medical Society met in Dublin, August 12th, with a good attendance. The following program was rendered: Dr. A. O. Cragwell, Stephenville, who was a delegate to the State Medical Association, made an interesting report of the proceedings; Dr. W. E. Sturgis, of Stephenville, reported an unusual case of hemophilia. "*The Causes and Management of Placenta Previa*," Dr. A. O. Cragwell. This paper was discussed by all members present. The time was then devoted to talks on the business side of medicine. Dr. T. J. Farmer, of Dublin, was suggested as a delegate to the International Congress on Tuberculosis.

District Personals.—Dr. J. W. Young and Miss Iona Kearse, both of Rogers, were married August 13th.

Dr. and Mrs. J. W. Torbett, of Marlin, are spending the month in Colorado.

FOURTEENTH OR NORTHERN DISTRICT.

The Tarrant County Medical Society met July 6th with an attendance of twenty-one. The program consisted of a paper on "*The Necessity of Early Diagnosis and Treatment of Acute Middle Ear Disease*," Dr. Frank Boyd; a paper written by Dr. I. L. Van Zandt was read by the Secretary. Dr. J. D. Covert, the chairman of the committee appointed to ascertain the views of the legislative candidates on the measures advocated by the medical profession, reported a favorable reply from each candidate. Dr. I. C. Chase, on behalf of the Medical College, tendered the use of the anatomical laboratory to the members of the society who wish to do some practical work in anatomy during the summer. Dr. William H. Butler, of Birdville, was elected to membership. The program for the August meeting was: "*The Influence of Climate on the Open-Air Treatment of Tuberculosis*," Dr. W. R. Howard; "*Management of Labor Cases*," Dr. J. A. Gracey; *Paper*, Dr. I. L. Van Zandt.

The Ellis County Medical Society met July 14th, at Waxahachie, with an attendance of twenty-four. The society listened to reports of clinical cases previously presented. Several clinics were also held. The papers were as follows: "*Retro-Displacements of the Uterus*," Dr. H. K. Leake, Dallas; "*Middle Ear Complications and the Necessity for Early Diagnosis and Treatment*," Dr. Frank Boyd, Fort Worth; "*Report of a Case*," Dr. Z. N. Thornton, Forreston; "*Varicocele. Its Operative Treatment, With Report of Two Cases*," Dr. Harry D. Nifong, Britton; "*Heart Stimulants*," Dr. E. M. Carman, Red Oak; "*The Summer Diarrheas of Infants*," Dr. L. H. Graham, Boyce. Dr. Edgar H. Vaughan, of Waxahachie, was elected Corresponding Secretary. The society adopted resolutions of respect on the death of the wife of Dr. H. O. Stacey, of Waxahachie. Lively interest was shown by the members, and all feel well repaid for attending the meeting.

The Van Zandt County Medical Society met at Wills Point, August 7th, with eight members present. The following program was presented: "*Sulphocarbolates as Intestinal Antiseptics*," Dr. Harry T. Fry, Wills Point. Dr. E. M. Fowler, of Forney, visited the society, and, with Dr. James M. Fry, reported a very interesting case of disease of the bile tracts. Discussions were general. The society adopted a $5.00 flat fee for old-line insurance examinations.

The Denton County Medical Society met August 3rd, in Denton. Sixteen members were present. The following program was presented: "*Typhoid Fever*," Dr. T. R. Allen, Justin; "*Hemophilia*," Dr. G. D. Lain, Sanger; "*Osteomyelitis*," Dr. R. P. Ray, Bartonville; "*Multiple Neuritis Complicating a Case of Pregnancy and Typhoid Fever*," Dr. J. E. Copenhaver, Aubrey.

The Hopkins County Medical Society met August 5th, at Sulphur Springs. Nine members were present. The program was short, and consisted of a paper on "*Diabetes Insipidus*" and "*Report of a Case of Tetany*." The remaining time was devoted to discussing professional ethics. Two former members were reinstated.

The Grayson County Medical Society met in Sherman, August 4th, with nineteen members and three visitors in attendance. The program consisted of an "*Essay on Typhoid Fever*," and a general discussion of "*Diphtheria*." The society passed a resolution condemning lodge contract practice at unreasonable rates, making the penalty expulsion from the society. A favorable report was made on undertakers making complete death reports in the interests of the Vital Statistics Bureau. Two new members were received. Drs. Charles D Price, of Whitesboro, and James Baxter Ellis, of Sherman, on transfer from Helena-Phillips County (Arkansas) Medical Society.

District Personals.—Dr. J. W. Ousley, of Denison, is in Europe for post-graduate work.

The Grayson County Medical Society, at its June meeting, ssed resolutions on the death of Dr. David M. Ray, of hitewright, in which they regret his loss in beautiful and aching language.

Dr. C. W. Simpson and family, of Waxahachie, are spending e summer in New York.

Dr. H. O. Stacey and daughter, of Waxahachie, have re-rned from the gulf coast after a visit of several weeks.

Dr. C. E. Schenk, of Sherman, has been appointed State ysician for the Modern Woodmen of America in Texas. He s been local surgeon for the order for some time.

Dr. and Mrs. H. M. Doolittle, of Dallas, are rejoicing over e birth of a daughter, born August 6th.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Bowie County Medical Society met at Texarkana, July th, with a good hot weather attendance. Dr. Preston read paper on *"Plastic Surgery,"* which was well received and nerally discussed. Dr. W. Ridley Lee, of Texarkana, was cted to membership. Resolutions were adopted committing e society to the per capita method of supporting the North-st Texas Medical Society, and the Secretary was ordered to ke the necessary steps to carry out the intent of the reso-lions. It was decided to make a determined effort to g into the society the very few remaining eligible physicians the county, and plans were made to that end.

The Harrison County Medical Society met at Marshall, Au-st 5th, with a good attendance. Dr. W. J. Lane reported veral interesting cases of spinal fracture, and C. R. Har-ove presented a case of pleurisy with effusion. Both items re interestingly discussed. Dr. M. B. Richards, of Ashland, s a visitor to the society,

The Titus County Medical Society met in Mt. Pleasant, ly 14th, with a large attendance. Dr. Thos. A. Beck and s. J. Parker, both of Winfield, were elected to membership. Is. W. C. Crutcher, of Mt. Vernon, and T. S. Burford, of okville, were visitors to this meeting. There was no scien-ic program for this meeting, but the committee announced excellent one for the next.

District Personals.—Dr. W. D. Watt, of Hallsville, is se-ously ill, having been confined to his home for several weeks.

Drs. G. P. Rains and Holman Taylor, of Marshall, major and otain, respectively, in the Texas National Guard, attended e army maneuvers at Leon Springs, near San Antonio, in ly.

Dr. J. H. Taylor, of Marshall, Grand Medical Examiner of e Ancient Order of United Workmen of Texas, attended a eting of the Grand Lodge at Fort Worth the week of July h. Dr. Taylor was re-elected to his office for the sixteenth ar's service.

COUNTY SOCIETIES.

NEW TEXAS MEMBERS OF THE A. M. A. FOR JULY.

C. Osborne, Monaville. J. H. Paxton, Elkhart.

CHANGES OF ADDRESS FROM JULY 25 TO AUGUST 25.

eo. S. Beaty, from Austin to Uvalde.
. A. Harper, from Itasca to Grandview.
. Leach, from Galveston to Corpus Christi.
oseph Roberts, from Floresville to San Marcos.
. W. Carson, from Comanche to Sligo.
. Faulk, from Reily Springs to Emory.
. B. Gerino, from Mingus to El Paso.
eo. W. Cross, from Flatonia to Eagle Lake.
. E. Wisdom, from Jefferson to Hugo, Okla.
. T. O'Barr, from Konohassett to Ledbetter.
. P. Rush, from DeLeon to Stamford.
. A. Foote, from Eagle Lake to Byers.
. J. Rice, from Byers to Miami.

DEATHS.

Dr. Joel S. Blackburn, of Fort Worth, died at his home ly 27th from injuries reeeived in a runaway, aged 62. He s a son of former Governor Blackburn, of Kentucky, and a rother of Senator Blackburn of the same State. He grad-uated in medicine from the Indianapolis Medical College, of Indiana, Indianapolis, in 1877, took post-graduate courses in the New York School of Liberal Arts and Sciences in 1879, and in 1889 from the Ohio Medical University, of Columbus. He had practiced medicine for thirty-nine years, five in Fort Worth. He has lived in the following places: Gatesville, Texas; Detroit, Michigan; Leadville, Colorado; St. Paul, Minnesota; and Salt Lake City, Utah. He was an ex-President of the Michigan State Association of Physicians and Surgeons, and had been a member of the Tarrant County Medical Society for one year. He leaves a family.

Dr. David M. Ray, of Whitewright, Texas, died at his home May 17th. He was a pioneer physician of the State. He graduated from the Medical Department of the University of Louisville, Louisville, Kentucky, in 1862. At the outbreak of the Civil War, he enlisted and served as a surgeon in the Confederate Army. At the close, he came to Grayson county, where he lived until his death, and was identified with all its history. He was a man of mature years, a loyal patriot, a devoted church member and a perfect gentleman, beloved by the laity and his fellow practitioners alike. He was a member of the State Medical Association and of the Grayson County Medical Society, which at one time he served as President.

Dr. Irl Dycus, of Archer City, Texas, met death in an unknown manner July 27, 1908. His mangled body was found on the Fort Worth & Denver tracks about two miles north of Wichita Falls. Murder was suspected, and two men who had threatened him during a quarrel in Wichita Falls the evening preceding his death were arrested, but for lack of evidence were later released. Dr. Dycus was born in Archer City, December 16, 1887. He later removed to Fort Worth with his parents, where he entered the public schools. After finishing the ninth grade of the high school, he attended the State University, at Austin; Center College, at Danville, Kentucky; Christian Brothers College, at St. Louis, Mo., and Missouri School of Mines, at Rolla, Missouri. In 1906, he matriculated in the Medical Department of Fort Worth University, where he attended his freshman, sophomore and junior years. He took the last examination held by the old Regular Board of Medical Examiners at Austin, June 30, 1907, making an average of 82. Immediately after receiving a license, he was appointed Assistant City Physician of Fort Worth, and served in this capacity until the opening of school, in 1907. During his junior year he organized and published the *Students' Medical Monthly.* He was a charter member of Xi Chapter of the Phi Ki Medical Fraternity, a member of the Tarrant County Medical Society, the State Medical Association, and the American Medical Association. At the end of the junior year, Dr. Dycus located and practiced medicine at Juno, Texas, but soon removed to Archer City and formed a partnership with Dr. A. R. Matthews. At the time of his death, Dr. Dycus had gone to Wichita Falls to receive a shipment of his horses from Juno. His remains were shipped to Fort Worth, and the funeral held from the family residence. Dr. Dycus' intellect was of the highest order, and all whom he came in contact with recognized that. He was an honest, hard-working member of the medical profession, and took an active interest in its society and State proceedings. His unassuming, genial disposition and generosity made friends of all who knew him.

Dr. O. T. Lewis, of Roan's Prairie, died at his home June 23rd. He was born in Neshaba county, Mississippi, January 27, 1870. He read medicine with his father, Dr. E. L. Lewis, and afterwards attended the Medical Department of the University of Nashville and graduated there in 1891. He began practicing medicine in his native State, and came to Texas in October, 1903. In January, 1898, he married Miss Annie V. Walker, of Navasota. Three children were born to them, one of whom with the mother survives him. Dr. Lewis was a man who made and kept friends, and enjoyed the fullest confidence of the people wherever known. He was a member of his State and county medical societies.

Dr. Andrew O'Malley, of San Antonio, died July 17th of kidney disease. He was born in New York, where most of his early life was spent. He graduated from the New York High School, and won the gold medal for the highest scholarship. In 1891 he graduated from the New York College of Physicians and Surgeons with the highest honors, after being a student there for three years. He served as Outdoor

Surgeon in the St. Catherine and the Roosevelt Hospitals. Shortly after this he was appointed Instructor of Surgery in the New York Polyclinic. He was a student throughout his life, and devoted himself so closely to his work, that, while studying medicine, his nervous system was affected to such an extent that he never enjoyed robust health. He was a literary writer of no mean ability, and has written several works on surgery. His book on "Anatomy" is considered the best of his medical publications. He had lived in San Antonio for thirteen years, and leaves a widow and one son.

Dr. Harry Rhodes Bowers, of Columbus, Texas, died in Hot Springs, Ark., July 27, 1908, aged 47. He was the son of Dr. John H. Bowers, who was one of the early prominent physicians, coming to Texas in 1836. His preliminary education was obtained in the public schools of Columbus; he attended the A. and M. College during the session of 1877-8, but did not graduate. Afterwards he attended school two years in San Antonio. He graduated from the Medical College of Ohio in the class of 1884, and began practice in Columbus, where he continued until the time of his death. He was universally beloved for his fine traits of character and his ability as a physician. He leaves a mother and two sisters.

Dr. George W. Sparks, of Sweetwater, Texas, died at San Angelo, August 2, 1908, of tuberculosis. He was born at Sparks, Bell county, Texas, February 5, 1869, and there grew to manhood. He received his education in the public schools, Thomas Arnold Academy at Salado, Centenary College at Lampasas, and Wedemeyer College at Belton. He attended the Missouri Medical College, St. Louis, in 1890, and the Medical Department, University of Texas, from 1891 to 1894, later receiving an Interneship in the John Sealy Hospital. He practiced at Rogers, Bell county, three years; one year at Belton, and nine years and eight months at Sweetwater; did post-graduate work at New Orleans and Galveston, and has served as County Health Officer and Chief Surgeon of Texas Division of the K. C. M. & O. Ry. To his friends he was known for his courage, honesty, and morality; to those who knew him professionally, he was the embodiment of ethical practice—the perfect gentleman in every way. He was married to Miss Maude Whittaker, August 12, 1900, who mourns his loss. He had suffered for nearly one and one-half years with tuberculous laryngitis, and at the time of his decease was camping near San Angelo.

BOOK REVIEWS.

Diagnosis by the Urine, or the Practical Examination of Urine With Special Reference to Diagnosis. By Allard Memminger, M. D., Professor of Chemistry and Hygiene and Clinical Professor of Urinary Diagnosis in the Medical College of the State of South Carolina. Third edition, enlarged and revised, with 27 illustrations. Philadelphia: P. Blakiston's Son & Co., 1908. Cloth, $1.00 net.

Office examinations of urine are, as a general rule, too hastily performed, and too little knowledge is derived from them. This little book lays down certain rules which all examiners of urine would do well to follow. The first two chapters deal with the characteristics of normal urine. Then follow the characteristics to be found in urine during disease, fulfilling to a marked degree the object of the book, which is the practical examination of urine with special reference to diagnosis. This edition is fully illustrated, and contains also a number of good rules to be followed in practical examinations of urine for life insurance. It is a good book for practicing physicians, and especially for students of medicine who have made but few urine examinations.

The Baby: Its Care and Development. For the use of mothers. By Le Grand Kerr, M. D., Professor of the Diseases of Children in the Brooklyn Post-Graduate Medical School. Octavo of 160 pages with 21 illustrations. Brooklyn, New York: Albert T. Huntington, 1908. Cloth, $1.00 net.

The need of a book to serve as a guide to mothers in the rearing of young children is apparent. Of several books on this subject we believe that Dr. Kerr's new book, "The Baby: Its Care and Development," best fills this need. The book is practical, not theoretical; the author's experience as a spec ist qualifies him to write with authority; the language u and the directions given are very plain and free from sc tific terms; the illustrations are well selected, and a full dex makes immediate reference to any topic very easy. chronological arrangement of the chapters enables the mot to follow closely the development of the child and disc early such faults as may arise, in which cases consulting physician is invariably advised.

The book is designed primarily for the use of mothers to secure their intelligent co-operation with the physic There is the avoidance of anything which would suggest eit the diagnosis or treatment of disease. The food form are given with the repeated advice that they are for ten rary use only, until the family physician may be consulte

Published at a popular price ($1.00), the co-operatio physicians is solicited to bring this book to the attentio mothers. It is a perfectly safe, reliable, and practical t to place in the hands of clients. Special rates will be m to those physicians who may desire a number of copies for among their patients.

Pain: Its Causation and Diagnostic Significance in ternal Diseases. By Dr. Rudolph Schmidt, Ass ant in the Clinic of Hofrat Von Neusser, Vie Translated and edited by Karl M. Vogel, M. D., structor in Pathology, College of Physicians and geons, Columbia University, and Hans Zinsser, A. M. D., Instructor in Bacteriology, College of Ph eians and Surgeons, Columbia University. Oc volume of 326 pages, fully illustrated. Philadel and London. J. B. Lippincott Company, 1908. Cl $3.00 net.

This book is a good illustration of specialization in l writing. As the author states in his preface, it was wri primarily to serve as a guide in the rapid and correct in pretation and successful treatment of the pain occurring in ternal diseases. Pain is usually considered one of the diagnostic signs appearing in internal diseases, and the au has treated his subject fully, though not at great length is evidenced by the size of the book. Dr. Schmidt take the sensation of pain, which he fully analyzes, and then g the functional modification of pain, such as the influenc position, motion, pressure, food, drugs and chemicals, organic functions. This, followed by topography and oc rence of pain, after which come the relation of pain to nervous system, organs of motion, the digestive system, nary system and spleen and respiration and circulation. treatise also contains a chapter on cutaneous tenderness viseeral disease. The text is fully illustrated, and should r a valuable addition to any medical library.

Diseases of the Skin, sixth edition. By George Th Jackson, M. D., Professor of Dermatology, Co of Physicians and Surgeons, New York; Consu Dermatologist to the Presbyterian Hospital, York, and to the New York Infirmary for W and Children; Member of the American Dern logical Association and of the New York Dern logical Society. With 99 illustrations and pl and 737 pages, including a useful appendix and index.

In preparing this revised edition, every page has been fully studied and much new matter incorporated, as show the increase in size. The section on dermatology has greatly increased by adding new articles upon black to dermatitis verrucosa or vegetans, keratosis follicularis tagiosa, keratosis senilis, lichen obtusus, melung, ps pelode and sporatrichosis. The old sections on pathology been revised and new ones added by Dr. S. I. Rainforth. present work is well illustrated with 99 illustrations a plates. Many of these were taken from photographs furn by Drs. Rainforth and S. D. Hubbard, taken from case curring in the author's service at the Vanderbilt Clinic. a ready reference book on skin diseases deserves a kindl ception by the medical profession, for it is useful alik the skin specialist and to the general practitioner.

BOOKS RECEIVED.

Bulletin of the Bureau of Labor.

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
EDITORIAL OFFICE: Continental Bank Building, Fort Worth, Texas.

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VOL. IV. OCTOBER, 1908. No. 6.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Recent Work of the Pure Food and Dairy Commissioner.—Dr. W. S. Abbott has his hands full. Enforcement of the pure food law devolves almost entirely upon him. His appropriation is exceedingly meager. He is required personally to do all inspection and chemical analysis. In spite of this handicap he is working assiduously and has recently accomplished some important work. Five popular soda water drinks have been found to contain cocain. We refrain from publishing their names as warrants only have as yet been sworn out. Three of these preparations were made in the State and two outside of the State. One was manufactured in Denton near the Dairy Commissioner's laboratory. Only one of the manufacturers has absolutely denied the use of *Erythroxylin coca* extract in the preparation of the drink. A good deal of imitation blackberry juice has also been discovered; also honey mixed with glucose from Fort Worth and honey mixed with molasses from San Antonio. Large numbers of meat preservatives containing sodium sulphite have been detected. One of the most commonly practiced infractions of the law has been found to be the use of coal tar dyes for the coloring of candies, meats, soda water, etc. Only seven colors are allowed by the Agricultural Department, a wide enough spectral range to suit the fancy of most manufacturers, as they include red, yellow, orange, green and blue.

The Commissioner has unexpectedly taken a hand in prohibition affairs. In nearly all prohibition districts there is a light beer on sale under various names such as "Ino" and "Uno," "Hiawatha," "Tin-Top," "Frosty," "Teetotal," etc. Following the United States internal revenue laws, the State courts have refused to return indictments against sellers of alcoholic beverages containing less than 2 per cent of alcohol. The Commissioner found in a large number of towns, including nineteen joints in Tyler and several in Jacksonville, McGregor, Gilmer, Athens, Longview and other places, that straight beer was being sold in place of the dilute article advertised. He preferred charges on the ground of selling misbranded articles. Such light beers have in numerous instances made purchasers sick, as they are hastily made, not carefully pasteurized, and after being kept a short time show an abundant growth of micro-organisms.

The Commissioner is about to take up for the winter the investigation of drugs. This is in some respects the most important part of his work. Our drug stores are filled with cold cures, cough syrups and similar preparations manufactured by local druggists for their own and neighboring trade. These are pushed in place of proprietary remedies manufactured elsewhere. They contain as much opiate and other prohibited ingredients as similar preparations prepared in other States. Under the pure food law they are required to be labeled with the character and amount of specified objectionable ingredients and prohibited from making untrue or misleading statements, the same as articles of interstate commerce. The winter's work of the Pure Food Commissioner will be of great value and of special interest to our medical profession.

Dr. Abbott's Controversy.—A large number of our readers have been patrons of the Abbott Alkaloidal Company. As such they have been interested in the charges preferred against Dr. W. C. Abbott by the American Medical Association, through its Council on Pharmacy and Chemistry. In February, 1908, we published a résumé of the statements presented by the *Journal of the A. M. A.*, together with what seemed to us to be the gist of Dr. Abbott's answer. Later we received a printed copy of Dr. Abbott's "reply" with a request that we publish it and his statement that the "reply" printed in the *Journal of the A. M. A.* was garbled. After carefully reviewing this, we concluded to pay no attention to the matter, as it seemed to us to contain no additional factors, the "reply" being more in the nature of a retort than an answer.

We notice in the September issue of the *Old Dominion Journal of Medicine and Surgery*, published at Richmond, Va., a remarkable editorial on this "reply," which we publish in full in another column. This is the first independent journal, with the exception of the

St. Paul Medical Journal, which has had the discernment, in our opinion, necessary to grasp the significance of the exposure of the Abbott Alkaloidal Company, and at the same time courage to express an unbiased opinion. As this journal, by the wildest flight of imagination, can not be accused of being dominated by the *Journal of the American Medical Association,* or the State journals, its words are all the more remarkable. Nearly all of Dr. Abbott's advertisers rallied to his support and printed extracts from his "reply," accusing the American Medical Association of nearly everything from murder in the first degree to sheep stealing. We noticed, a strange coincidence, that almost every journal printing such matter had Dr. Abbott's advertisements also in its advertising pages. We can not but denounce the commercialism that has characterized the actions of the Abbott Alkaloidal Company, but in so far as the company issues good preparations in an honest and ethical manner, we have no desire to antagonize it. This is shown by the acceptance in this issue of an advertisement of one of their remedies approved by the Council on Pharmacy and Chemistry.

Physicians Practicing Without License are to be found in nearly every county in Texas. To determine these, it is desirable that every county secretary secure from the records in the district clerk's office a list of physicians there registered; no others can legally practice in the county. Unlicensed practitioners, the so-called "liners," are especially numerous on the State borders. Under the law these men have no right to practice except in consultation. Brotherly efforts by notification and council should be made to influence these men to qualify under the law, and, failing, suits should be instituted, as is being successfully done in many localities. The great value of the present practice act will not be realized unless the profession take active interest in its enforcement.

Change in the Board of Councilors.—The resignation of Dr. W. B. Russ, of San Antonio, as Councilor of the Fifth District, on account of the valuable services rendered by him, is a matter worthy of passing notice. This resignation came before a two months' trip. The district was not left without a Councilor, Dr. W. A. King, of San Antonio, having received appointment in his stead. Dr. Russ has given the Association one of the longest, as well as one of the most efficient, terms of service ever rendered the Association. In 1902, at Dallas, he served as one of the provisional members of the House of Delegates considering the reorganization scheme. He has been a member and president of the Board of Councilors since that time. Dr. Holman Taylor, Councilor of the Fifteenth District, is now the only remaining member of the Board of Councilors who served in the original Council, he having been continuously secretary of the Board of Councilors with the exception of one year, when the office was filled by Dr. John T. Moore. Dr. Russ does not resign because of any loss of interest, but through pressure of business and will still serve as a member of the Legislative Committee. He leaves the most completely organized district in the State.

County Secretaries and State Dues.—Section 1, Chapter VIII, of the By-Laws of the State Medical Association of Texas, makes annual dues $2 *per capita* on the membership of the component county societies. The county secretary is required to forward this assessment thirty days in advance of each annual meeting. Secretaries have been accustomed to so forward dues. When new members join a county society later in the year, secretaries often fail to forward any State dues. In many instances, new members are given the remaining part of the association year without further payment of dues, the State's pro rata not being paid until April, or May, of the following year. The phrase *per capita* indicates that the county society owes this assessment to the State as soon as it receives a member; otherwise, a newly received member is not a member. In this way, annually, $400 to $600 due the State Association for new members is never received in the State office. The Trustees earnestly request county secretaries to be prompt in reporting the names of new members as soon as received, and in forwarding their *per capita* dues. It is not so much for the sake of the money that this is desirable, as it is to insure to new members honorable standing and value for the money. If such money is not promptly remitted, many complications arise. The new member can not be considered in good standing in his State Association until the year following. His name is not upon the State roll; he does not receive the JOURNAL and get in touch with the State profession. He is not eligible to appointment in the State Association, he is not eligible to district society membership and his name is not on the official list sent to district society secretaries. He is not eligible to membership in the A. M. A., and when insurance companies write for our mailing lists from which to select examiners, his name does not appear. A great deal of hard feeling and much labor is engendered by this neglect on the part of county secretaries. Such a new member will write to join a district society, or the Association of the Southwest, or the American Medical Association, and will receive a letter that he is not eligible, as his name does not appear upon the official list. As he personally has fully complied, he does not understand the neglect of his secretary and heated correspondence almost invariably ensues; or he will write a letter of grievance to know why he has never received his JOURNAL in return for his money. These details are sufficient to show the great desirability of county secretaries taking every pre-

caution to immediately extend to newly affiliated members the full privileges of regular membership in the organization. As a practical example of these complications, we print below a letter received September 20th:

"I am informed by the Secretary of the A. M. A. that my dues to the State Association have not been paid, unless recently. I sent a check for my dues in plenty of time, I thought, to Dr. ——, of ——, Secretary of —— County Society, and have written him a letter of inquiry, but have never heard from him or the check.

"The STATE JOURNAL has stopped coming to me, so I presume I am no longer in good standing. As I can not hear from the Secretary, or the check, I write you to please advise me what to do about it as I do not wish to lose my membership and have exhausted every resource I know of. Should I send my dues to the State Association direct? I am confident the Secretary has merely procrastinated in the matter.

"Yours fraternally."

The Medical Examining Board in Need of Help.—In our news columns will be found a notice of the first two important legal decisions affecting the new medical law. In our November issue we will print these decisions in full. The Waco decision upheld the Board, while the Fort Worth decision overruled its action. It is said that both cases will be appealed. If the decision of Judge Smith in the last case be found correct, the Board has no option but to grant verification licenses to all who were previously legalized. This will license between 400 and 500 applicants who were refused on the ground of fraud, bad habits, advertising calculated to deceive and defraud the public, lack of complete legal qualifications, etc.

Broad principles for interpreting our new medical law have been fully established by decisions of the courts of other States. That our Board's cases may be properly presented, funds must be furnished sufficient to enable a capable counsel to be permanently employed, who can devote sufficient time to furnish exhaustive and scholarly opinions on each important future case. The Board's funds were called upon to pay the costs of the last suit. If good is to come of the new law, the State associations of all schools of medicine as well as county societies must immediately come to the relief of the State Board of Medical Examiners. The State Osteopathic Board, it is reported, has already offered $100.

Confusion Caused by Fire.—We have recently had several letters complaining that discussions have not appeared with papers. In some instances this omission has been due to the great confusion into which the papers and files in the JOURNAL office have been thrown by the recent fire. The work of refiling the manuscripts and correspondence of the office is now fairly under way, and the Association has just secured a new and permanent office in the basement of the Continental Bank Building. The discussions secured at Corpus Christi are more complete than in former years, and it is intended to publish with each paper those which have been returned corrected by authors.

ORIGINAL ARTICLES.

THE REPORT OF A CASE OF POPLITEAL ANEURISM.*

BY

S. C. RED, M. D.,
HOUSTON, TEXAS.

It is not my purpose to go into the etiology, symptomatology and treatment of aneurism, but simply to recount a case, coming under my observation, with special attention to plans for giving relief.

The patient, a colored porter about 50 years of age, had suffered with a pulsating tumor in the right popliteal space for more than one year. Personal and family history was negative, save for the fact that he had syphilis several years before.

There was marked pulsation at the posterior portion of the right knee, the circumference of which upon measuring was twice as large as that of the left. The pulsation extended up as far as Hunter's canal and down as far as the bifurcation of the gastrocnemius muscle, showing that the aneurism was unusually large. The leg, both above and below the knee, was more or less atrophied from disuse, I judge, because the patient claimed that he did most of his work on the left leg.

Examination of this case convinced us that the usual method of enucleation of the sac would simply mean the loss of the man's leg; so, also, would any of the ordinary methods of ligation, compression, or reconstruction, as suggested by Matas. Now, in order to save the man's leg and relieve him from immediate danger of a ruptured aneurism, and consequently death, we cut down upon the femoral artery about three inches above Hunter's canal and placed around it a silk ligature. The ligature was not tied, but clamped by a hemostat and twisted. The patient was then put to bed and the nurse instructed to give, every few hours, an additional turn or two to the hemostat, always being careful to note that the turn of the hemostate did not destroy the pulsation in the aneurism. This gradual ligation of the femoral artery was kept up for three days, at the expiration of which time the blood supply had been entirely cut off. The first day there was noticeable a distinctly palpable deposit of blood clot in the aneurism; the second day, more pronounced; and the third day there was nothing there but a hard mass, the pulsation having ceased to be perceptible either in the upper or lower extremity of the tumor or any part of its contour. Several additional twists were taken to secure complete obliteration of the artery. This ligature was allowed to remain a week, at the expiration of which time it was untwisted and removed. The man left the institution at the end of a month. The aneurismal tumor had reduced to one-third of its former size and was perfectly hard. He went back to his occupation as porter.

During the third day of the treatment it was necessary to keep hot applications around the foot owing to the fact that the foot and leg became subnormal in temperature, but neither before nor after this time was this necessary. I have been unable to see this patient since, although I have heard indirectly from him. He is still performing his duties, although com-

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

plaining some of his leg. What the nature of that complaint is, I am unable to learn. I am inclined to think, however, it is not due to the old aneurism, but to the fact that his whole right leg was smaller than the left, for I had this man under observation for a whole month, and during that time there was no evidence of pulsation in the aneurism.

My reason for reporting this case is simply to call attention to the method of treatment; that is, gradual ligation of the artery above the aneurism with removal of the ligature. There is no reason why this method of procedure could not be followed in other localities. It would be equally as applicable in the abdominal aorta as the popliteal artery, for in this day of aseptic surgery no infection need necessarily follow such procedure. The method being simple and easy of application, it is readily applicable to any artery save that of the arch of the aorta or its thoraic extensions.

The method, so far as I know, is original with me. It may, however, have been used centuries ago; for there is an old saying that "There is nothing new under the sun." At least I may be able to claim a rediscovery.

DISCUSSION BY HARRIS COUNTY MEDICAL ASSOCIATION.

Dr. E. N. Gray was of the opinion that the suggestion to tie the abdominal aorta by the method proposed was probably an oversight or accident, as he was unable to see how such ligation would not necessarily result in death, assigning as his reason therefor that he did not know how the collatertl circulation could be established.

Dr. Cook, Houston, suggested that the collateral circulation, in ligation of the abdominal aorta, might be carried on through the deep epigastric and internal mammary arteries.

Dr. Red, closing, called attention to the fact that the collateral circulation in the parietal peritoneum was active, that the circulation up and down the spine was active, and that, as Dr. Cook had suggested, the internal mammary artery anastomosed with a branch of the external iliac. He further called attention to the fact that an obliteration of the abdominal aorta through "ligature compression" need not be accomplished in any definite time, but is subject to the will of the operator. The complete cutting off of the circulation might not be made under ten days or two weeks. He called attention to the fact that it was this complete control that was a special advantage in the method of treatment, the ligation being such that, by twisting or untwisting, the blood current was turned on or off. This had been demonstrated in his own case, and that it was efficacious was proven by the fact that the patient got well.

DISCUSSION.

Dr. O. L. Norsworthy, Houston: Gradual compression is old, Dr. Red's method is new. I think Dr. Red's method is superior to the old.

Dr. A. L. Hathcock, Palestine: The paper recalled one case of ligation of the femoral artery followed by gangrenous areas in the leg. His only objection to the method was in the case of large arteries where there was danger of at once occluding the artery.

Dr. Frank Paschal, San Antonio, failed to see the difference between the old digital compression and Dr. Reid's method. The use of ligatures involved some risk of infection not present in digital compression. He has seen two cases successfully treated by the Matas operation. Thinks Matas' method is correct treatment for aneurism.

Dr. C. E. Cantrell, Greenville, urged the gradual compression of the femoral artery. Had a case of gunshot wound with rupture of the branches of the popliteal artery followed by aneurism, which was treated by tying the femoral artery.

Dr. A. Philo Howard, Houston: This condition is the cause of much surgical worry. In large tumors the question is how to cause a clot without producing gangrene below. I have never seen the method advocated by Dr. Red used.

Dr. Red, closing, expressed his appreciation for the manner in which his paper had been received, and for the courteous and interesting discussion participated in by Drs. Howard, Paschal, Norsworthy, Hathcock, Trueheart and others. In replying to the criticism that the method suggested by him was not new, but simply compression as taught many years ago, he stated that his paper made no claim that compression was new, but the manner of applying it was new in so far as his knowledge went. That new or not was immaterial. Assuming that it was not new, he was simply calling it to the attention of the profession again, and emphasizing its importance. Assuming that it is new, he has the honor of bringing it to the notice of the profession. In reply to the criticism that the reconstructive operation of Matas was the proper thing to have done, he stated that the Matas operation was applicable in sacculated aneurisms, but not fusiform variety, as met with in his case. In reply to the question as to how he knew the aneurism was simply an enlargement of the artery and not a sacculation, he stated that he had taken the precaution to cut down upon the artery and see for himself; that he found in his case the aneurism was simply an enlargement of the artery, not sacculation, but fusiform. He further stated that he was not able to see how any other procedure than the one devised by him would do anything but cause the loss of the patient's limb. He at least had the satisfaction in knowing that his patient made a good recovery.

A CASE OF CARCINOMA OF THE STOMACH GRAFTED UPON A CHRONIC ULCER—DISCUSSION OF ITS FREQUENCY.*

BY

JOHN T. MOORE, M. D.,
GALVESTON, TEXAS.

I desire to present to this society a case, upon which I recently operated, that is clearly one of cancer grafted upon an old ulcer. Recent literature makes frequent reference to this condition and its importance, I feel, justifies me in reporting the case.

CASE.—R. T.; age 52; occupation, farmer; married twenty-eight years; father of four boys and one girl, all in good health.

Habits.—Smokes and chews tobacco. Drank to excess up to twenty-five years ago. Has drunk scarcely anything during the last twenty years.

Family History.—Father died at thirty-five of smallpox; mother died at about thirty of some unknown disease; he has two brothers and one sister, in good health so far as known.

Previous Diseases.—Had pneumonia, aged 10; was shot through the left shoulder blade in 1893, the ball also fracturing one rib. The bullet was supposed to be lodged somewhere in front of the chest, and can be seen by X-ray behind the left side of sternum at second costal cartilage. The bullet gave no trouble after three or four years. Sixteen

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

ears ago he had the sixth, seventh and eighth ribs on the eft side fractured by a fall. Two years ago he fell from a arehouse upon which he was working. From this injury he as paralyzed in the lower limbs for three or four days. Both ladder and bowels were paralyzed. He has entirely recovered rom these symptoms.

Present Disease.—About four years ago he began to suffer rom a severe pain in the pit of the stomach. Suffered from nuch gas in the stomach. Two years ago he began to vomit lood during these attacks of pain. Attacks would come very month, or every two months. Keeping the bowels well pen would prevent the attacks coming so often. He began o lose weight four years ago, but in the last few months as rapidly lost flesh, thinks about forty pounds. Eats very oorly. Most articles of food cause pain in the epigastrium. Bowels constipated. Mucus and blood streaks seen on stool ow and then. Stools well formed and of natural size.

Present Condition.—The patient is thin, rather pale and pparently quite weak. Height six feet and weight 115 ounds. Chest, heart and lungs normal. No tumor of any ind detected in abdomen. Stomach normal in size and po- ition. Liver and spleen not enlarged. Kidneys in normal osition. Pressure over the stomach causes pain; especially s there pain when pressure is made well toward the pylorus nd lesser curvature. The stomach shows no dilation when air s pumped in through stomach tube.

Test Breakfast.—Boaz's oatmeal test breakfast was given. The contents were easily obtained and with the contents there appeared some blood. The examination showed as follows: Free HCl 20, combined acidity 26, total acidity 46. Starch nd erythrodextrin present; much blood; washings brownish n color; no lactic acid.

Blood.—Red cells, 5,600,000; whites, 4200; Hb., 75 per cent; polynuclears, 84.8 per cent; large mononuclears, 10 per cent; small lymphocytes, 4.5 per cent; eosinophiles, .7 per cent; basilophiles, none.

A diagnosis was made of chronic ulcer and probable beginning cancer, and an exploratory operation advised.

The patient was put to bed and carefully fed upon the most nutritious food for about one week, washing out the stomach occasionally. The bleeding stopped, he ate rather heartily, and began to feel better and to put on weight. He was carefully looked after, and fed also by rectum until we considered his condition would justify an operation.

On October 21, 1907, the patient was given ether and an incision was made through the fascia of the rectus at its inner border and the rectus displaced to the right. A small mass on the lesser curvature having rather a saddle shape was found to be present. The lymphatic glands lying along the lesser curvature were distinctly enlarged. It was decided to do a partial gastrectomy, as we were convinced that the tumor was a malignant growth.

PATHOLOGIST'S REPORT—BY DR. M. A. WOOD.

Macroscopic Examination.—The specimen consists of a portion of the pyloric end of the stomach, 8 by 7 cm. and 4 cm. at small end. The anterior surface is of a glistening pinkish gray, with lower border showing small blood vessels. In the upper right quadrant the serous surface has a yellowish-white appearance. In one place there is a nodular ridge, and there are some small nodules within the area inclosed by this ridge. This nodular surface seems contracted. The posterior surface is similar to the anterior, with the same nodular appearance in the portion opposite the anterior nodular surface. There is a mass of lobulated fatty tissue attached to the lesser curvature, in which there are four lymph glands: one firm lymph gland, ½ cm. long and pale gray; one gland 1½ cm. long, paler than normal; one gland, 1 cm. long, slightly darker than the above, otherwise similar to it; one gland, 1 cm. long, containing a small firm nodule about 1 mm. in diameter, the cut surface of which shows this nodule as pearly whitish, more homogeneous than the rest of the glandular tissue. The mucous surface shows an ulcer 4½ by 3 cm., situated near the pylorus on the upper curvature. The base of this ulcer is pinkish red, firm looking, with leathery and indurated feel. The edge of the ulcer on the anterior surface is raised, about 1 cm. thick, and shows much paler than normal mucous membrane, with a firm, somewhat elastic feel. The edge of the ulcer on the posterior surface shows some slight thickening. The line of incision on the posterior cardiac end is about 1 cm. beyond the edge of the ulcer and near this line, the edge of the ulcer presents no firm elastic thickening, and is but slightly elevated above the rest of the ulcer. The line of incision on the anterior surface of the cardiac end lies about 1½ cm. from the edge of the ulcer, and here also the edge of the ulcer does not show a firm elastic thickening. The line of incision on the pyloric side is about 2½ cm. from edge of ulcer. The rest of the mucous membrane is reddish gray, soft, and covered with mucus. The section through the anterior thickened edge of the ulcer shows a creamy yellow mass, 1 cm. thick, resembling the core of a boil, but not friable. This creamy mass extends 1 cm. back to mucous membrane and seems to be encroaching on muscle tissue beneath, as rest of wall is thinner beneath it. The mucous membrane is thickened and slightly hemorrhagic where it meets this mass.

Microscopic Examination.—A section through the thickened anterior edge of the ulcer shows the creamy yellow mass to be composed of polynuclear leucocytes mainly, with an inflammatory connective tissue base. Beneath this tissue are areas of proliferation of epithelial elements, and also areas where this proliferated epithelium is invading the muscular layers. A section through the edge of the ulcer on the cardiac end shows no evidence of carcinomatous changes in the epithelium, there being only chronic inflammatory changes. A section of the firm gland which was nearest the lesion shows chronic hyperplasia, but no carcinomatous changes. A section of the gland showing a small pearly white nodule shows this nodule to be the seat of a hyperplasia, with no cancer cells to be recognized.

Cruveilheir is credited with first calling attention to the transformation of an ulcer of the stomach into a cancer. This occurred in 1839. To Dittrich is said to belong the credit of getting the attention of medical men to this condition. He presented a careful study of 160 cases, and among these he had six cases of cancer associated with ulcer. His work was published in 1848. Since this time quite a number of cases have been collected from various parts of the world. It is now pretty generally understood that a large percentage of cases of cancer have their origin in, or develop upon, an ulcer base.

The stomach is now being operated upon so often that we have a much better chance of determining the relationship of cancer to chronic ulcers of the stomach. The percentage of cancer cases having their origin in ulcer seems to grow larger each year. Lebert's estimation in 1878 was that 9 per cent of ulcers resulted in the transformation to cancer. Rosenbaum in 1889 found four cases of cancer out of forty-six cases of ulcer. He showed that those cases were secondary to ulcer. Frutterer (J. A. M., 1902) says that carcinoma develops very frequently upon ulcers of the stomach in the pyloric region. Mumford (Surgical Aspects of Digestive Disorders) says that in fifty cases of cancer studied in Massachusetts General Hospital, forty-one of the cases gave a history of either ulcer or a long continued digestive disorder. Graham (*Boston Medical and Surgical Journal*) says that 54 per cent of the thirty-nine cases where a part of the stomach was removed and subjected to a pathological examination showed that cancer had developed upon an old ulcer base. Mayo records that 60 per cent of his cases of cancer of the stomach gave a clear history of previous ulcer. These studies from Mayo's clinic are among the most recent, and are probably as good as the world affords. Mayo Robson (Cancer of the Stomach) shows that in no less than 59.3 per cent of the cases upon which he had done gastro-enterostomy for relief of

symptoms, a previous ulcer was suggested by a long history of painful dyspepsia.

There are many other references that one might eite, but these suffiee to show how rapidly the argument is aeeumulating to show that cancer is one of the end results of a chronie ulcer.

DISCUSSION.

Dr. Pierre Wilson, Dallas, said it is an accepted fact that chronic irritation of any part is very similar to chronic ulcer and tends toward carcinoma. Where fibrous changes are underlying any chronic process there is a tendency toward cancer. Fibrous tissue constrictions derange the nutritive functions and nervous mechanism to that end.

Dr. Bacon Saunders, Fort Worth, said as soon as the diagnosis of the gastric ulcer is made the ulcer should be thoroughly exeised. Delay is dangerous. Early and thorough excision is the only means of preventing after-coming carcinoma.

THE RELATIONSHIP BETWEEN PELVIC DISEASES AND DISEASES OF THE MIND AND NERVOUS SYSTEM.*

BY

G. H. MOODY, M. D.,
SAN ANTONIO, TEXAS.

Given a patient with a disease of the brain or nervous system in whom there is also present a disease of some other organ of the body, pelvic or otherwise, it is oftentimes difficult to say whether each disease has developed independently of the other. Many women have run almost the entire gauntlet of female diseases, both acute and chronic, and covering a period of many years, without the development of one nervous symptom. Some develop serious nervous or mental symptoms upon the appearance of the slightest physical derangement. Many develop mental or nervous derangement as independent of any existing female disease, as if such female disease did not exist. As many males as females develop the same mental and nervous derangements, presenting the same manifestations.

The similarity of the sum total of nervous symptoms presented by a given individual when caused, or when not caused, by some other local disease of given severity, regardless of the organ which may be diseased, is common observation.

The original and acquired nervous endowment and stability of the individual is the question of first importance. Just as tubereulosis usually develops in those with a strumous diathesis, so also do nervous and mental derangements usually develop in those individuals with a neuropathic constitution. Just as any local disease will reduee the resistive forees in a strumous individual and make the soil more favorable for the development of tuberculosis, so will any local disease in a neurotic individual make more likely the development of a neurosis or a psychosis. If this local disease happens to be one of a female pelvie organ, it will lay the foundation for the development of the nervous or the mental derangement; just as certain as will a local disease of equal severity and causing an equal amount of strain upon the nervous system, located in any other organ, but not more so. The opinion is obsolete that there exists some unusual and incomprehensible chain of sympathy between the female pelvic organs and th mind. Hemorrhoids, an enlarged prostate, an epidid mitis, a chronie appendicitis, a gastric ulcer, an asti matism, or a chronic mastoiditis, if of sufficient severit to cause the same disturbance of metabolism as a give case of ovaritis, salpingitis, or endometritis, or uterin displacement, will ereate the same amount, and prol ably the same kind, of nervous and mental symptom in a given individual. Each condition should be r moved when found to exist, if the patient's conditio at the time is such as to warrant it; if not, as soon a the patient can be put in a favorable condition. An pelvic disease should be corrected, if possible, as shoul any disease of any other organ of the body withou reference to the question as to whether or not a nervou or mental disorder exists, in order to stop its drai upon the general health; provided, in a neurotic in dividual, where a surgical operation or other heroi treatment is indicated, the nervous depression or in stability is not so great as to make liable the precipi tation of an acute psychosis, as often happens. Severa cases have recently come under my observation wher nervous and run-down women have become abruptl insane immediately following an operation—a few o them in the hands of the most competent surgeons o our own city. A few cases also have been operated o under my observation during an attack of insanity neurasthenia, or hysteria, with the result of an intensi fication of the nervous symptoms, induced by the extr strain and shock made by the operation and anesthet upon an already depressed nervous system. I have als seen more or less important operations, made upon diseased pelvic organ in an excited, delirious or ma niacal patient, result in marked improvement wher the operation was followed by the patient being put t bed and absolute rest enforced; the same immediat improvement having been also observed in others, me as well as women, where absolute rest was likewis enforced. I have also seen nervous and mentally de ranged women with diseased pelvic organs put to be and given the rest treatment, with its accompanying ad juvants and full nutrition, and restored to nervous an mental equilibrium and then operated upon with lastin and gratifying results. These and other observation seem to justify the further opinion that it is impor tant to look carefully to the time and to the eonditio of the nervous patient's health, strength and stabilit before submitting such patient to the ordeal of a operation or to other heroic treatment. When consider ing the significance of an existing pelvic disease in nervous or insane patient, the exact diagnosis of th mental or nervous disorder is of much importance Probably, more in mental and nervous diseases than i any other class of diseases, it is true that in many case the diagnosis determines positively the prognosis re gardless of any kind of treatment. Paranoia, for in stance, could be no more restored by operation, or b other means, than could idiocy, imbecility, genera paresis, locomotor ataxia, etc., yet, I have known of th ovaries having been removed in several young wome suffering with paranoia with the hope of restoration

I have also known of several patients with recurren insanity to have been operated upon for some inter current pelvic disease, even when having appeared lon after the beginning of the nervous attacks. When th mental symptoms cleared up promptly, as in former at tacks, the operation was thought to have cured th patients until the next attacks had had time to appear

*Read before the Section on Psychology and Medical Jurisprudence, State Medical Assoeiation of Texas, Corpus Christi, May 12, 1908.

have even known of ovariotomy to have been performed in congenital epileptics.

In considering pelvic diseases as causative factors in diseases of the mind and nervous system, we must not forget to eliminate all such psychoses as the puerperal insanities, the lactational insanities, etc. These come under the head of infection, or exhaustion, or toxic psychoses, and occur frequently where no pelvic disease exists, in some women of a more or less profound neuropathic constitution, in others when menstruation is temporarily suspended for any trivial cause and in others during the entire course of pregnancy at each menstrual period. The cause of the nervous derangement in these cases can not be assigned to disease of a pelvic organ. It is merely due to the inability of the nervous system to withstand stimuli which, in a healthy individual, would result in normal physiologic changes.

The psychoses and neuroses of the menopause are also to be eliminated. The menopause is not a diseased condition, but a normal physiological epoch, as is also pubescence. Each marks a physilogical transition which in neurotic individuals may create considerable shock to the nervous system. Many serious neuroses and insanities are precipitated at these periods of life, and those of puberty as frequently in males as in females. Masturbation in the female is no more due to a pelvic disease than it is in the male. Where there is preputial adhesions, or malpositions or adhesions of the clitoris or of other external genitals, the correction is of the greatest importance. Outside of these few instances of physical displacements and defects, masturbation in both sexes is a manifestation of a neuropathic condition, and its existence can be assigned to a diseased ovary in the female no more than to a diseased testicle in the male. The radical treatment by ovariotomy is justifiable in the same degree as is asexualization in the male. In either, this procedure is claimed seldom to accomplish the purpose as a direct, immediate result, but sometimes remotely by removing that normal instinct which has been perverted into an unhealthy and abnormal gratification by reason of the neuropathic constitution.

While discussing the relationship between these diseases, at least a brief reference should be made to the possible effects of mental and nervous diseases upon the female organs. This is a question which is receiving more consideration. An observation of several hundred insane women, covering a period of several years in the State asylums, furnishes convincing evidence that insane women who had entered the asylum with diseased pelvic organs have continued insane long after a full restoration of the pelvic disease, effected by regular habits, rest, freedom from sexual excitement and some treatment.

Just as a lack of sufficient muscular tonicity in the intestines may cause constipation, and as a lack of general muscular tonicity due to nervous exhaustion may cause gastroptosis, gastric dilation, strabismus, splenic displacement, etc., so will it cause uterine and ovarian displacement, endometritis, etc. Local treatment of any of these conditions will not cure the patients. Amenorrhea is an almost universal accompaniment of an acute insanity and is secondary to the mental derangement, due to anemia and not a pelvic disease. Even in young girls where the existence of a female derangement was known not to exist, endometritis, leucorrhea, inflamed and misplaced ovaries, tubes and womb have been known to follow an acute exhaustion psychosis. In all these conditions the treatment of the local disease is of importance quite secondary to those measures which restore the nervous exhaustion, conserve nervous force and re-establish normal nutrition.

DISCUSSION.

Dr. James Greenwood, of Seguin, said he had seen many women insane in which the cause had been diagnosed pelvic disease by the attending physician. He thinks many physicians know nothing about this subject and should read this paper. Thought the doctor was right in his remark about operating upon neurotic women. Said we should be cautious as the shock of the operation might precipitate an attack of insanity. Remembers of a case, a young male of a weak mind, who, after an operation for hyrocele, became and is still insane. Saw another case, a neurotic woman, who became insane after a curettement. Urged the importance of making a correct diagnosis. It is not sufficient to say that the operation was for the relief of insanity, but we should say what particular form. While some cases of insanity are hysterical, the majority, I think, are due to some obscure organic lesion and will not be benefited by an operation. Thinks many cases of insanity reported cured by operation were hysterical, and the rest in bed, and the suggestion had perhaps as much to do in the cure as anything else.

Dr. Holman Taylor, Marshall, said Dr. Moody brought out two very important points. (1) That the pelvic disturbances are responsible for the conditions referred to in the paper only by reflex action, there being no direct connection between a pelvic, or any other local disturbance, and a mental or nervous disorder such as is contemplated in the paper. (2) The frequent intensification of symptoms by operative measures. It is not always possible to say just what element of any given pelvic disorder is responsible for a train of reflex disturbances, psychic or otherwise, that it may surely be corrected by operation; it is likewise not always possible to correct the whole disorder by any operative procedure, so as to embrace the disturbing factor, and there are many reasons why a failure to relieve by this method should react unfavorably. He agreed with the statement of Dr. Greenwood that many of the cases cured by operating on the pelvic organs are hysterical in character, and are amenable to treatment by the rest cure method and by suggestion.

Dr. M. L. Graves, Galveston, thought Dr. Moody did well in calling attention to the fact that disorders exist in the male as well as in female pelvis. In many papers he has heard and in numerous consultations, the importance of masturbation as a cause of insanity has been exaggerated. The sooner the profession gets the idea out of their heads the better.

THE CONSERVATIVE TREATMENT OF MUTILATED EXTREMITIES.*

BY

R. L. RAMEY, M. D.,
EL PASO, TEXAS.

The treatment of mutilated extremities has occupied a relatively inconspicuous place in recent literature. For example, compare this subject in importance with an appendectomy, which has been discussed more often in the medical journals during the last ten years than perhaps any other operation. How much more important it is whether we amputate a foot through the metatarsal or tarsal bones than whether we make the gridiron incision of McBurney for an appendectomy, or one of the many other incisions that have been advocated.

No set and fast rule is applicable in the treatment of this class of injuries. Therefore, if we get in the habit of doing a prescribed operation for a certain injury, we will often diseard healthy tissue that could be saved and include in our field of operation tissue that should be discarded. As an example, two legs may be crushed

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off at the same point. In one case the tissues may be practically normal above the seat of injury. In the other, there may be great traumatism to the parts, the muscles, tendons, etc., being contused from origin to insertion, and yet the skin remain practically normal. In order to determine when and where we are going to amputate with some degree of precision the condition of our patient has to be considered, the amount of blood lost, the amount of shock to the nervous system, the amount of destruction to the bones and soft parts, the probable amount of infection; and, if near a joint, a very important thing is whether we can save the joint or joints, and the best manner of procedure to do it.

I am not going to take up the subject of shock except to state that I am in the habit of relying principally on the normal salt and adrenalin solution, one-half dram to the pint, used subcutaneously or intravenously, repeated when necessary, along with strong hot coffee, and the elevation of the foot of the bed. If you have a nervous shock, not due to loss of blood, accompanied by restlessness, pain, fright or otherwise, then I think the addition of a hypodermic injection of morphin, grains one-fourth, and atropin, grains 1-100, is very timely. The bandaging of the extremities not involved I have never had to resort to, and have not seen the Crile pneumatic suit used.

If we decide to amputate immediately, we will have to do a much higher amputation for an injury which has been produced by great violence than one from a more moderate force. Indeed, the point of amputation from the seat of injury will be in a measure in proportion to the amount of violence producing it. Consequently, in injuries produced by heavy machinery, always go farther from the seat of injury than is apparently necessary. It is sometimes conservative to be liberal. We had better remove four or five inches at first than remove two, if we are not sure of the condition of our wound, thereby subjecting our patient to a general infection, or possibly gangrene and a second operation.

As to the method of amputation: It is my custom after the preliminary scrubbing, etc., to shut off as nearly as possible all communication between the infected and non-infected areas, and I believe this can best be done by wrapping the crushed part of the limb with oiled silk tied tightly with a gauze bandage around the lowest part of the extremity just above the seat of injury. Over this pin a sterile towel and make your final preparation. Flaps should be made to suit the individual case. To get in the habit of making a long anterior, a long posterior, a circular, or oval is bad. The flap should be made which guarantees the best stump to each individual case.

The muscle should be included in making the flaps. If not healthy it may be cut off flush with the bone, or you may extend your flap incision up the limb as far as it is necessary to dissect out all muscle that is badly contused. This, of course, applies only when we have to save all the sound skin possible not to get too short a stump.

Every case of amputation following crushed injuries should, in my opinion, be freely drained, best accomplished by making an opening in the most dependent part of the flap, and using one or two good sized drainage tubes for twenty-four or forty-eight hours; if the wound shows any signs of infection, let it remain as long as indicated.

There is another method of procedure to which I ar very partial when a patient is suffering from a grea amount of shock, or when there is doubt as to where t do the amputation, either on account of the extensiv ness of the traumatism, or the proximity to a join especially the knee, as the great majority of these in juries to the leg take place between the knee and ankl I refer, after anesthetizing the patient, if advisabl to cutting off all fragments of tissue which are badl crushed, arresting all hemorrhage, scrubbing the lim thoroughly with soap and water, and irrigating with weak bichlorid solution. I like the pitcher douche muc better than the ordinary irrigator. One can not be to careful in this preparation—separating all tissues, pul ing them apart with forceps, while an assistant pours o the solution. Then the wound should be dressed wit sterile gauze, wet with a weak solution of bichlorid, an covered with an abundance of dry absorbent cottor The heat should be maintained by the use of one or tw hot water bags. There is necessity of having the dress ings warm, for the reason that an extremity which ha suffered so great an injury to its blood vessels and nerv supply will necessarily have a subnormal temperature and, again, a wound that is so long exposed to the out side temperature as a rule is sufficient in itself to pro duce a considerable amount of shock in addition t that produced by the injury. Consequently, the lim should be kept as near a normal temperature as possibl by heat applied artificially to relieve this condition This dressing may be removed and the wound irrigate as often as is necessary to guarantee perfect cleanliness In twenty-four to forty-eight hours we are able to sav the best possible extremity for our patient.

It is not, by any means, always necessary to do ar immediate amputation. There are times when, if w can save two or three inches of leg or arm, and espe cially a joint, by waiting twenty-four or forty-eigh hours, our patient has been rewarded tenfold.

In regard to injuries of the hands and feet, it is m custom when a patient comes to me with a foot or han badly crushed (I am speaking of the rule to which ther are exceptions, of course) not to consider the doing o a clean, pretty amputation, but how I can save the bes foot or hand for my patient. I am fully convinced tha this can be done by practicing genuine conservatism As a rule, in these injuries we find much more trauma tism to the skin and soft parts than to the bones. Esp cially is this true of the foot.

I put my patient to sleep, clean up thoroughly, cu off all parts that are absolutely destroyed, carefully looking out for the tendons with regard to future useful ness and pinching off all spicules of bone. Sometime in injuries of the fingers and ties we may have enough skin to take one or two stitches and get a good primary union. Not so with the hands and feet. As I have above stated, the injury to the soft parts will be mucl more extensive than to bone, but it is wonderful how much nature will do in restoring the destroyed tissue of these extremities which puts them in a condition t make the best possible amputation later. Indeed, i often happens that time will close the entire gap by granulation. I have seen two or three inches of foo saved in this way, which would have necessarily beer lost had a primary amputation been done.

We usually have little choice in the formation of flaps. I much prefer a plantar flap of the foot to a dorsal, when feasible. It gives a better protection to the ends of the bone, has a better blood supply, and

s a rule, has suffered less injury. In injuries to the and we should try to save every fraction of an inch possible, particularly the index finger, the thumb and he first metacarpal bone. In amputations of the feet re should pay especial attention to the first and fifth netatarsal bones, and to the anterior tibial peroneal endons. The foot should be regarded as one bone and reated accordingly, saving as much as posible. How-ver, if its is necesary to go back of a mid-tarsal am-utation, then I believe it is a matter of choice between Syme, a Pirogoff or an amputation of the leg. Chopart's amputation I consider unsatisfactory.

In conclusion:

First.—Never amputate a leg or arm if there is much hock until your patient has recovered or partially re-overed therefrom.

Second.—Never do a primary amputation too close o the seat of injury if it has ben produced by great iolence.

Third.—Never amputate a foot or hand simply be-ause we have a loss of skin and partial loss of tissue. They have wonderful power of repair.

Fourth.—Never amputate a contused limb without stablishing free drainage for twenty-four or forty-ight hours.

Fifth.—Never get in the habit of doing the so-called "text-book" operations. They are usually expensive to he patient.

Sixth.—Never hesitate to wait twenty-four or forty-ight hours to do an amputation. If there is any doubt n your mind, clean up your wound; it is time saved.

Seventh.—Never allow the dressings to interfere vith the drainage.

Lastly, always be conservative in the treatment of hese injuries. Nature is a wonderful doctor.

DISCUSSION.

Dr. R. W. Knox, Houston, said no hard or fast lines can be lrawn in the treatment of mutilated extremities. The sub-ect is of special interest to railway surgeons, as most of hese cases are found in railway practice. The wise treat-nent of such conditions is largely the result of extensive xperience. The successful results depend very largely on the irculation in the injured members. As a rule, a great many f such limbs may be saved. They should all be treated as nfected wounds. A general infection is very apt to follow. Surgical cleanliness is difficult in this class of operations. The old idea of amputating high was the result of fear of nfection. My plan has been to wrap the limb in a hot blanket at 125 degrees Fahrenheit. The whole is kept wet vith a boric acid solution and free drainage provided for f hyperemia of the parts is kept up no septicemia, as a rule, esults. Under this treatment the infection rapidly sub-ides. After granulation there is no danger of infection. The haracter of the operation and flaps adapted depends entirely pon the condition of the parts. He thinks Dr. Ramey did ot insist enough upon heat. Patients do not stand as much noist heat as dry heat; thinks the good results are obtained principally through heat and drainage.

Dr. J. S. Wooten, Austin, thoroughly agrees with the writer. He emphasizes one feature of such injuries—the very im-portant consideration of the point of amputation. The loca-ion best adapting the extremity for the wearing of artificial imbs should always be selected.

Dr. J. E. Thompson, Galveston, said he objected to the pinion that there is plenty of time in which to wait for an peration; considers the conditions surgical emergencies. Often an early amputation is necessary to prevent infection rom traveling higher. One of the great dangers is tetanus; believes it is our duty to give tetanus antitoxin as a prophy-actic measure.

Dr. Ramey, in closing, said there are times when an early peration is impractical. Often infection has extensively ccurred before the surgeon's first visit. In these cases good drainage and dressings enable one to get the best results by waiting. Again, the patient is often suffering from great shock when first seen and needs to recover. Crushing injuries to the feet will almost invariably cause death to the skin above the injury; therefore, if you do a primary amputation you are sure to discard tissue that could be saved by treating it openly and allow it to granulate and later do skin grafting. An amputation back of the cuneiform bones gives a very poor ankle. In regard to heat, those extremities which have been longest exposed require the longer subjection to a higher temperature; however, I do not believe in extreme heat, I think the part should be kept at a temperature a little above the normal by the application of moist heat to relieve shock, etc.

AN OPERATION FOR NASAL PRESSURE AND REFLEX PAIN.*

BY

JOSEPH MULLEN, M. D.,

HOUSTON, TEXAS.

The objects of an operation for the relief of nasal pressure and its resultant reflex pains are control of hemorrhage, the prevention of secondary crust formations and obviation of the removal of turbinal tissue. The operation is easily performed, requiring only a few minutes for its completion, and does away with the necessity of tissue removal. It is only applicable in cases of pressure of the superior and middle turbinal bodies, more especially the latter, where the bodies press in part or whole against the perpendicular plate of the ethmoid.

I was first led to perform this operation as a matter of necessity in a case of nasal pressure which produced the most excruciating suffering and in which the nasal attic was extremely narrow, even after the repeated use of adrenalin solution, so that the introduction of cutting of biting instruments was very unsatisfaetory. It then occurred to me that a substitution of the present procedure for the one commonly done would accomplish the desired result. The operation has been performed some twenty-six times with the relief of pressure and pain, the prevention of secondary crust formation and the preservation of turbinal tissue.

The operation is divided into three stages: (1) The necessary anesthetic and ischemic preparation; (2) the middle turbinal body is incised at its thinnest portion, with a Hjeck, or any convenient chisel, a medium sized one preferred. The incision, to be effective, must be carried to a point posterior to the pressure. It is very necessary that the incision be at the thinnest portion of the turbinate so as to render remedial the third or last stage of the operation, that of flattening or reducing the curve of this body. The free edge of the thinnest portion of the turbinate is seen in an illumination of the nasal cavity to be only a short distance from a point at which it springs from the lateral mass of the ethmoid bone. The incision is made quickly and painlessly by simply pushing the chisel through the lamina of bone. The third stage is also rapidly performed, a medium-size de Luc forceps is introduced between the middle turbinal body and bony septum at a point where the greatest curvature begins, with broad surface of the blades pressing on the flat against these structures. When in this position the blades should be opened under good illumination and

*Read before the Section on Ophthalmology, Otology, Rhinology and Laryngology of the State Medical Association of Texas, Corpus Christi, May 13, 1908.

the incised middle turbinal body should be pressed outward toward the lateral mass of the ethmoid. If the pressure be strong enough a distinct sound of bone fracture will be audible. The de Luc forceps are removed to ascertain if there be sufficient space between the turbinal body and the septum so as to preclude all possibility of any future pressure.

In order to maintain the turbinal in its reduced position a half Simpson nasal tampon is inserted between the septum and middle turbinal body and renewed until this position becomes permanent. This is renewed daily after the third day, for from six to ten days.

It might be supposed that the effect of this operation, where it effectually relieves the nasal pressure by increasing the space between the septum and middle turbinal body, might possibly impinge upon the hiatus semilunaris, and thereby interfere with areation and drainage of the ethmoid, antral and frontal sinuses. If the operation be performed properly the turbinal will always be forced downward and inward so as to leave sufficient space for the above conditions to be carried on without any hindrance. If the point at which the primary incision is made be always borne in mind, any impingement of the middle turbinate body and the hiatus could not possibly take place.

DISCUSSION.

Dr. F. D. Boyd, Fort Worth, thinks this is a field in which advancement has only begun. Diseases of the nasal cavity are very important, and, as Dr. Mullen has demonstrated, much can be done for their relief. The operation is practicable and simple. Expects to try it himself on the first case he has.

Dr. R. E. Moss, San Antonio, said usefulness of operation depends upon whether there was enough *space* left after the operation. He has for years practiced saving as much of the turbinal as possible. The practice of removing the turbinals can not be too strongly condemned. Of course, the removal of part of the turbinal is sometimes necessary. When the lumen is small and the turbinals are hypertrophied, fracture of the inferior and middle turbinals by pressing outward and upward will increase the lumen of the nose in children.

Dr. E. H. Cary, Dallas, said he was well pleased with the paper. The operation is simple and conservative, and should appeal to the profession. Emphasizes what Dr. Moss said regarding removing the turbinals. Believes it is wrong to leave a constriction in the lumen of the nostril. Believes the operation necessarily confined to selected cases. To give satisfaction in all cases we must use all methods, and we welcome this new and original method.

Dr. J. M. Woodson, Temple, has seen obstinate cases of headache due to nasal pressure. In examining children with enlarged glands of the neck the tonsils may be found normal, but one is very apt to find obstructions in the nasal cavities. Believes that the profession will be grateful to Dr. Mullen for his original operation, as much is accomplished by saving the middle turbinated bones.

Dr. Mullen in closing stated that an absolute diagnosis is necessary before an operation can be performed. The operation will cure headache due to reflex causes but not those resulting from catarrhal or organic causes.

DR. C. H. MAYO TO ATTEND THE NORTH TEXAS AT DALLAS.

Dr. C. M. Rosser, Dallas, Chairman of the Section on Surgery of the North Texas District Medical Association, writes that Dr. C. H. Mayo, of Rochester, Minnesota, will be present at the next meeting of that society, December 8, 9 and 10, just prior to the meeting of the Southern Surgical Society at St. Louis, to which meeting he will accompany the Texas members of that Association on their return home.

THE GONOCOCCUS, ITS RELATION TO THE PRACTICE OF OBSTETRICS AND GYNECOLOGY.*

BY

W. F. THOMSON, M. D.,

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Though the subject be hackneyed, and the pathological conditions induced by the presence of the gonococcus familiar to every obstetrician and gynecologist, this bacterium continues year in and year out, to sacrifice upon the altar of ignorance, wilful negligence and mock modesty, thousands of innocent women and children.

While improved surgical technique has prevented much suffering and sacrifice of life, and the prophylaxis of the newborn prevented many sightless eyes, the root of the evil remains; penetrating deeply the social field, its ramification sapping the fertility of the human race; unhindered, unhampered and beyond the capacity of the medical world.

Unfortunately society has not permitted free discussion of its evils and the mere mention of a venereal disease has been the signal for horrified, uplifted hands, effectually screening from public view a luxuriant growth of sterility, divorce, blindness, misery, suffering and death; seen only by the medical man whose lips were sealed by the stamp of public censure.

Primarily we have the infectious medium—private, public, licensed and unlicensed and, in most cases, with no other certificate of health than her own statement. Then we have the modern youth whose young pinions have become strong enough to carry him into new atmospheres; whose sole source of knowledge is the incorrect information obtained of his more sophisticated associates. He has, of course, heard that to contract venereal infection was an essential element in his beginning manhood, and to be considered no more seriously than the stereotyped "bad cold." Likewise, he has been told that to frequent a house of prostitution was a most manly thing to do. He does so in ignorance, without prophylaxis and with the usual result that in a few days he discovers evidence of his infection. He is assured by his room-mate of its insignificance and of a speedy recovery under his medication. Month after month the youth wanders from practitioner to practitioner, consulting patent medicine cartons, advertising specialists and what not, but all the while remaining infected, infectious and infecting.

If the complications, suffering and anxiety incident to the disease were limited to this youth, serious as they are, consequences would not be so disastrous. These are the fruits of the disease applicable to himself, fruits of his own folly and ignorance. But being a marriageable youth his attentions are perhaps bestowed upon your daughter or mine. And being a young man of excellent reputation, successful, and of good heritage, his attentions are encouraged. In due time the nuptials are celebrated and Godspeed bidden amid showers of congratulations. Thus our happy, bright-eyed daughter with the full bloom of healthy youth upon her cheek, whom we think we have so carefully guarded through the years from babyhood to womanhood, is at last safely bestowed into the tender care of a most estimable young man, and we are happy.

Her first letters are bubbling with happiness. He is kind, attentive—a model husband. Then we note, with no little anxiety, a suggestion of despondency—"feeling ill," "confined to her room," "longing for home," etc. After a few weeks absence we hasten to the station to welcome our children. We are shocked at the change we see in our daughter. Instead of the bright, healthy girl of a few short weeks ago we see her now faded, pale and ill. In answer to our questions we get a history that we can not mistake. A hurried examination reveals acute abdominal tenderness over both tubes and evidence of sepsis. In our alarm, we hasten to call the gynecologist; a smear is sent to the pathologist and our suspicions are confirmed. Operative measures can not be considered, palliative treatment is of no avail, the infection spreads rapidly to the peritoneum and in the place of the sunshine that pervaded our home but a short while ago, now all is sorrow and gloom.

On the other hand, nature may have, in part, successfully combated the infectious extension, overpowering the inflammatory process, encapsulating the infectious material and de

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stroying the causative bacteria. Operative procedure for the removal of the diseased organs now becomes necessary; and while she has been saved from the grave, she has paid the penalty for ignorance or criminal negligence of her husband—an unsexed woman, a childless home, a disappointed wife.

Again the infection may have been limited to the endometrium without tubal extension; then follows years of suffering and invalidism.

Or, the infection may have consisted of a vaginitis with involvement of the vulvo-vaginal glands, the acute manifestations subsiding promptly. Pregnancy supervenes, and we rejoice that we are soon to become a grandfather. The little fellow arrives; labor was normal, mother and baby doing well, but after a few days the mother casually remarks an inflamed condition of the little eyes; then follows weeks of treatment and nursing. Finally the inflammation subsides and the lids are restored to their normal condition, but only to close over sightless eyes.

Statistics tabulated by different authorities place the percentage of blindness due to previous ophthalmia neonatorum, between 28 and 33 per cent. Our leading gynecologists estimate that between 65 and 75 per cent of all operations upon the tubes, ovaries and uteri are performed for the correction of pathological conditions resulting from previous gonorrheal infection. Johnson (*Journal A. M. A.*) collected statistics showing that between 70 and 80 per cent of all sterility was of gonorrheal origin. The number of divorces actuated, indirectly, by gonorrhea will probably never be known.

Yet this is the disease which the average young layman considers as lightly as a "bad cold." A disease more damnable than tuberculosis or leprosy because of its secrecy. The gonorrheic is to be more dreaded than the hidden rattlesnake of our prairie land, the warning of which precedes its danger. Not so with the gonorrheic; though his worldly possessions be counted by the thousands, his garments of the latest pattern, and his countenance a little short of angelic, his approach is more stealthy than the crouching panther, his venom more deadly than that of the cobra.

You ask why such conditions have been tolerated? Because free discussion of these subjects between parent and child has never been tolerated, because legislation regulating prostitution has been neglected, and because the laity have not permitted the teaching of things that the children should know.

In some of the larger cities in the United States there is an active movement at correction of these evils. The work is being undertaken by philanthropic individuals and by organized societies.

The American Society of Sanitary and Moral Prophylaxis, Dr. E. L. Keyes, Jr., Secretary, 109 East Thirty-fourth street, New York, has inaugurated a campaign along educational lines issuing such pamphlets as "The Young Man's Problem," "The Relation of Social Diseases with Marriage and Their Prophylaxis," and others. The Chicago Society of Social Hygiene, Dr. W. T. Belfield, Secretary, 1100 State street, Chicago, has distributed to the public a number of similar pamphlets. The Scott County Medical Society of Iowa has issued bulletins warning the local public of the dangers of venereal infection.

A review of the literature along this line seems to indicate the general methods adopted for the correction of the social evil to be principally educational—with some reference to legislation. The educational methods adopted by the societies quoted, it seems, have accomplished the most good. Widely distributed pamphlets suggesting the proper instruction of children by parents, the proper instruction of school children by teachers, pamphlets for the marriageable young man and for the marriageable young woman.

However, there exists no better medium for the education of the public than the press—a fact well demonstrated by the pseudo-knowledge the public has of sexual hygiene from reading "Lost Manhood" advertisements, "H. G. C." literature, etc. Many editors, though, will be glad to enlist the aid of their pens and the columns of their papers if solicited. The editors of both daily papers in Beaumont have assured the Jefferson County Medical Society of their hearty co-operation in conducting an educational campaign by that body. The campaign will consist of a systematic course of instruction covering a period of a year. The members of the society will furnish two articles each month on questions concerning the health of the public, and among these will appear articles on the venereal question.

The legislative measures suggested are those designed to regulate prostitution and subject it to the action of the health authorities. Abolition of prostitution has its advocates, but abolition of prostitution is not practicable, nor is it possible. Since the evil is here, and here to stay, it seems the natural thing to place it under the supervision of the Public Health Department.

The essential legislation, however, would seem the enactment of laws which, if enforced, would give protection, from unsuspected sources of infection, to innocent women and children. Such laws would necessarily apply to the male applicant for marriage. Kentucky has such a bill which, if it becomes a law, will compel every man who is an applicant for marriage license to submit to examination for evidences of latent or active gonorrhea or syphilis. If he is found infectious he will not be permitted to marry until the examination fails to reveal the presence of the gonococcus or its evidence, and in the case of syphilis, until the prescribed course of treatment has been taken; though many of our students maintain that a syphilitic should never be permitted to marry.

Educational campaigns with such legislation would soon cause parents with marriageable daughters to demand of prospective sons-in-law certificates showing them to be free from venereal disease, thus protecting our daughters and future grandchildren from unsuspected sources of misery, suffering and death.

HEMORRHAGE AND SHOCK AS POST-OPERATIVE COMPLICATIONS.*

BY

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An intimate knowledge of human anatomy, aseptic technic and operative skill have made nearly all things surgical possible and has removed many of the terrors of the knife. Were it not for the complications that sometimes follow our operations, the fear of the operating room and the surgical mortality rate would be reduced almost to a minimum. The surgeon, at least, could be more assuring in his prognosis, more positive in his procedure, and more confident of the outcome.

While hemorrhage and shock do not make up the sum total of all complications met with, they are our greatest post-operative dangers. Secondary hemorrhage is to the surgeon what post-partum hemorrhage is to the obstetrician, except the former is more difficult to treat and more fatal in the outcome. There is nothing in name on the calendar of the obstetrician that can be compared with profound shock unless it be hemorrhage, to which it bears a close resemblance, yet hemorrhage is probably more amenable to treatment.

In this day of aseptic surgery in non-infected cases infection is seldom encountered other than an occasional stitch abscess, which is a result of a faulty technic, except where the conditions are such that it is unavoidable. Hemorrhage and shock slip in, generally, when least expected; usually appear where our hopes are builded highest and the outlook, apparently, brightest. They are the most treacherous and probably the most fatal of all post-operative complications.

Hemorrhage and shock may occur in the infected or the non-infected; they may follow a prolonged operation or one short in duration, and in the case of either shock or hemorrhage, death may result within a few moments' time, or after having existed a great many hours, even when we put forth our best efforts in treatment.

In submitting a report of the following cases for your consideration, you will note the treacherous and rapidly fatal outcome from secondary hemorrhage in Case No. 1 and the excessive loss of blood in No. 2, from bleeding from the mucous membrane of a stump of an excised appendix, with subsequent recovery. Cases Nos. 3 and 4, you will note, are profound cases of shock following operations that were major, but not drastic in a large sense; both terminated fatally in spite of all stimulative treatment.

CASE 1.—Miss O. C., age 17; operated on August 23, 1903; removing large intraligamentous hematoma, including left ovary and broad ligament, caused from fall from a swing three days previous, rupturing the left ovarian artery. Patient came off table with excellent pulse and all conditions remained excellent until noon the following day, when for some cause she raised herself in bed, causing the slipping of the

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ligature holding the ovarian artery. She died in about two hours' time. When we reached her she was in articulo mortis and no efforts were made to secure the bleeding vessel.

Case 2.—G. D. S., male; weight, 220 pounds; quite obese and of rather plethoric habit; was operated on for appendicitis on the morning of May 28th, last. The mesoappendix contained considerable fat and was tied off in sections, the artery to the base receiving a special ligature of small catgut. The appendix was clamped close to the cecum, cut close, inverted and closed with purse string suture of small braided silk, over which was placed three mattress sutures of the same material. The parietes were closed and the patient left the table after a forty-minute operation with a pulse of 80 and in every way in fine shape, which continued until noon of the following day, when the patient began to complain of colicky abdominal pains, growing restless and with an increasing pulse. After thirty minutes' suffering, about two quarts of fresh blood passed from the bowel with another quart following about one hour later. Hypodermatic injections of morphin were given and absolute quiet enjoined. A most careful watch was maintained until improvement was noted, which was accomplished early in the afternoon and continued until recovery was complete.

Case 3.—G. O. W., age 39, male; was first seen March 23, 1906, complaining of a bladder trouble, which dated back eight years. The patient was bed-ridden, emaciated and voiding his urine at intervals of from fifteen to twenty minutes. The pulse rate varied from 100 to 120, and the temperature curve from 100 to 102. Urinalysis revealed urine, alkaline in reaction, with a heavy sediment and precipitates of the alkaline urates and phosphates. The first passage of the sound revealed a stone projecting into the neck of the bladder. After a week's attempt at trying to get the patient in a condition for operation he was put on the table and an attempt made to remove the stone through a perineal incision, but it was found so large that the attempt at removal through this route was abandoned and an incision was made over the bladder, the peritoneum was reflected and a stone weighing 1022 grains was removed. At the conclusion of the operation the pulse was 116, fair in volume, but gradually becoming more irregular and weaker in force and volume. Twenty-four hours after operation the urine became acid in reaction and it contained no precipitates, the pulse rate varied between 110 and 124 and the temperature between 97 and 99.4 degrees F. There was no hemorrhage nor evidence of infection or uremia; vomiting first appeared twenty-four hours after operation and finally became quite aggravated. The wound was well drained through both the perineal and suprapubic wounds. The bowels were moved freely every day; the patient was never apathetic nor listless, but became restless after vomiting began, and continued until collapse and death, which occurred sixty hours after operation. The usual treatment for shock was persistently administered without a reaction.

Case 4.—Mrs. C., age 38, spare habit; after three weeks' suffering from recurrent paroxysms of inflammatory pains from the development of a large pus tube, was operated on in the morning of June 10th, last. Patient was emaciated, weak, and exhausted and quite unfit for a severe operation in spite of our efforts of preparing her for it. The pulse varied from 108 to 140, according to the extent of, and time of paroxysms, for six days before the operation. Though we were reluctant to operate, it was decided that the patient's only chances were in immediate operation. The abdomen was opened in the middle line and on entering the cavity the appendix lying within the field was removed. It was found that the abscess could be emptied through Douglas cul-de-sac Dr. J. B. Thomas drained about one pint of pus per vaginum. The abdominal wound was closed without contamination, and the patient put in bed, wrapped in hot blankets and surrounded with hot water bags. Hot normal salt solution was given per rectum and subcutaneously, and hypodermatic injections of nitroglycerin, atropin and strychnin were administered in good-size doses The pulse at completion of operation was 116, was poor in volume, and at no time showed any improvement. The temperature was never above the normal and a condition of apathy and indifference existed from the time the anesthetic was recovered from. Death terminated the case about twenty-four hours after operation.

In reviewing the above cases it will be seen that three out of four, two of which were secondary hemorrhage and two shock, terminated in death. In Case No. 1, which died of hemorrhage, the symptoms were typical and profound from the beginning, and death came very quickly. While this ca was practically in articulo mortis when seen after hemo rhage, I have always regretted not tearing open the woun and securing the artery; however, at the time we felt th death was certain, even if the effort was made, and I ha little reason now to believe that it would have been othe wise. This hemorrhage came on about twenty-six hours aft operation and was caused by the patient raising herself u right in bed, which she admitted having done while t nurse was temporarily absent from the room.

The lesson to be drawn from Case No. 2 is what can ha pen with the "inversion and purse-string method" of dealin with the appendix stump in appendectomies. The cut m cous membrane and most of the submucous tissues of t stump after inversion are not constricted by the suture an are left free to bleed within the bowel if the conditions are f vorable, which happened in the case reported. The engorge vessels of a highly inflamed submucosa, together with plethor is a condition predisposing to this kind of secondary hem orrhage. I was exceptionally careful to transfix the tissue about the appendix and cut them so that the ligatures coul not slip. The purse-string used was No. 1 braided silk, we tied, and over which was placed three mattress sutures of th same material, approximating the surface so that the corner were well closed. Fortunately the patient recovered withou radical intervention.

Cases Nos. 3 and 4 were cases of profound shock followin operations that were imperative, and where the condition were such that attempts at preparation of the patient fo operation accomplished little or nothing. They serve to illus trate how difficult it is to overcome shock in the exhauste and physically weak, and the necessity of every effort in prep aration before, and every attention in treatment after opera tion if recovery is to be accomplished, even if the time con sumed in operation and drastic features are minimized.

Had there been any intra-abdominal or hidden tissues sev ered in Case No. 3, I would have suspected hemorrhage an entered the wound to secure the vessels, as the symptom presented were strongly that of hemorrhage.

"Shock," according to Crile "is a state of blood-pressure du to an impairment or exhaustion of the vasomotor center, an that this impairment or exhaustion is due to traumatism o sensitive tissue."

Eugene Boise states that "shock is not due to a paresis o the circulation, especially of the heart and arteries, but to profound disturbance of the entire vasomotor and sympa thetic system," that "this disturbing influence may reach th vasomotor center through various channels, as, for instance the direct irritation of the sympathetic nerves in abdomina operations; by crushing injury to the skeletal nerves as rail way accidents, and through the medium of the brain, as i sudden fright." (*New York Med. Jour.*, April 12, 1902.)

Shock symptoms may vary in intensity from a slight de pression to a profound collapse, approximating death. The skin is pale and cold, and the eyes are staring and blank o half closed. The temperature is variable and is recorded t have fallen as low as 63 degrees F. The patient is listless an apathetic, the respiration shallow and irregular, and the puls is weak and may be imperceptible. The sphincter muscle may be relaxed and involuntary evacuations of feces an urine occur. Hiccough and vomiting sometimes occur, an a loss of consciousness may develop, which deepens; syncop comes on and death terminates the scene.

While the picture presented is the one most common i profound shock, another may be entirely different. Instea of a mental stupor or apathetic condition there may be rest lessness, the patient turning, tossing, and throwing his limb about in every direction. The excitement may be so great that the patient will cry out at the top of his voice and as sume a maniacal tone. In this type exhaustion soon come on through recurrence of paroxysms sometimes with hem orrhage through exertion and the patient lapses into uncon sciousness, and death ensues.

In cases that terminate favorably or react from treatment the pulse becomes steadier, less rapid and of better force and volume; the respirations more regular and deeper as they approach the normal; the face gradually assumes its normal appearance, and the temperature reaches the normal and often exceeds it one to two degrees or more, which fever may last from twelve to twenty-four hours before returning to the normal.

Secondary hemorrhage is a result of injured or severed

tissues not properly ligatured or sutured, or the slipping of sutures or ligatures from tissues or vessels caused by faulty work, or a sudden rise in blood-pressure from overstimulation or exercise.

Hemorrhage, as a rule, comes on gradually and grows progressively worse unless the bleeding is gotten under control; though the output of blood may be so great that exsanguination may be complete within a very short time. The pulse. if the bleeding is gradual, progressively quickens in rate and diminishes in force and volume, or if the flow of blood is rapid the quickening in rate and diminution in force corresponds. The pinched expression, shallow respirations. sighing and falling temperature are indicative of hemorrhage, but in some cases the objective and subjective symptoms can not alone be depended on in making a differential diagnosis.

Shock most frequently follows a prolonged operation, or one in which the viscera have been roughly handled or exposed to irritants, or the air for a long time; it is also very apt to occur in subjects who are exhausted or physically weak. The pulse and general condition are not usually satisfactory immediately after operation, and collapse usually comes on suddenly. The patient is generally apathetic and listless, and is seldom restless or anxious. There are seldom recurrent attacks of syncope.

Secondary hemorrhage in most instances develops within twelve or to twenty-four hours following operation, after which the pulse, having been good and the general condition apparently desirable, the complication is most apt to occur where little blood has been lost, and in plethoric or subjects with the blood-pressure at or above the average.

In the diagnosis between shock and hemorrhage the consideration of the condition of the patient at the time of operation, the surroundings, such as the temperature of the room; the handling and damaging of the viscera, and the time consumed in the operation; the condition of the parts operated on relative to inflammation or engorgement, and the method of dealing with the vessels and tissues severed or damaged. and the care used in suturing and tying of them will very nearly lead the operator right in differentiating between the two complications.

The treatment of both hemorrhage and shock so far as possible should be preventive.

To prevent shock it is almost imperative that the patient be put in the best possible condition for operation. In exhausted and weak subjects moderate and judicious stimulation should be given for at least six or eight hours before operation. Half-ounce doses of whisky and hot water given every hour and two hours prior to operation and three or four ounces of normal salt solution placed in the rectum will help in preventing shock. If the pulse is rapid and weak, and the operation is to be one with little loss of blood, a quart of normal salt solution by hypodermoclysis will be helpful. The patient should be wrapped in warm blankets and hot water bags or hot bricks applied when on the table.

The room should be at a temperature of from 95 to 100 degrees F., and as well ventilated as possible for an equible temperature. The head of patient should be the lowest part of the body and the Trendelenberg position used, if possible. The patient should be so dieted before operation that the intestines will be empty to minimize handling.

The intestines must be handled as little as possible, and no irritants should be allowed about the field of operation. The sponges, towels, aprons, blankets and other clothing about the patient should be kept free from water to avoid chilling.

If shock is severe following operation, hypodermoclysis should be performed, and if alarming, hot normal salt solution should be given intravenously; the limbs should be elevated, wrapped in hot woolens and bandaged. Hot, strong, coffee or normal salt solution should be given per rectum; and brandy, nitroglycerin and atropin hypodermatically, until reaction is well established. The proper temperature of the solution for intravenous injection should be 115 degrees F. on entering the vein and a quart should not be allowed to enter in less time than ten minutes. Hypodermoclysis is so slow that it is necessary that the solution be much hotter in the funnel than 115 degrees F. to enter the tissues at this temperature, since there is considerable cooling in the funnel and the tube during its passage. The solution in the funnel should be about 140 degrees F.

To prevent secondary hemorrhage care must be exercised in securing all severed vessels and the suturing of divided tissues. Unnecessary damaging of tissues must be avoided, and the operative field mopped dry and looked over for bleeding points before the wound is closed over the divided tissues. In tying off pedicles, stumps, the mesentery or omentum, the tissues should be transfixed and cut beyond ligatures far enough to prevent slipping.

Following the operation absolute immobility of the patient should be enforced, and a position in bed maintained as will most minimize danger of a sudden rise of blood-pressure.

Unless there is considerable loss of blood, or the patient is suffering with shock, all stimulation other than artificial heat is unnecessary and dangerous.

When a diagnosis of secondary hemorrhage is made the wound should be immediately torn, opened up and the bleeding points secured. Little time should be lost in preparation if the bleeding is within the abdominal cavity, since the saving of a few moments may be the saving of a life.

After the hemorrhage is checked, if the loss of blood has been marked and the patient is in need of stimulation, hypodermoclysis, nitroglycerin, atropin and strychnin may be administered. When reaction is being established they should then be cautiously employed that a second disaster may be avoided.

To summarize:

1. Shock and hemorrhage are serious post-operative complications, and influence largely the surgical mortality percentage.
2. The symptoms may be similar and confusing and a diagnosis difficult and sometimes impossible.
3. The condition of the patient and the surroundings at the time of the operation, the amount of traumatism, and the operator's skill are most important factors in making a differential diagnosis.
4. In most instances both hemorrhage and shock can be prevented by careful preparation of the patient for operation, operating under proper conditions, using care and skill in handling the viscera, proper ligaturing and suturing severed vessels and tissues, and careful after treatment.
5. In secondary hemorrhage, stimulation before the bleeding vessels are secured, other than artificial heat, is contraindicated and dangerous, and delay in securing the bleeding vessel may be disastrous and at least minimizes the chances of recovery.

POST-PARTUM HEMORRHAGE—CAUSES AND TREATMENT.*

BY

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I shall confine these remarks to the flooding which takes place the first few minutes or hours after labor. Some authors call this primary post-partum hemorrhage. I owe the Association no apology for reading them a fine paper on this subject. I know it is a good paper, for I copied it from men who have national reputation. I am glad we can read a text from our standard books and thus grow eloquent and scientific at the expense of men who are not here to call our hand, and thus keep important subjects in constant review. We can not expect to bring up very much originality in our daily work or our Association papers.

Post-partum hemorrhage is an all-important subject, one the very mention of which gives me a shudder. It is one of my professional nightmares, and one of the few things that causes the weary obstetrician to grow gray in a single hour. Up to a certain time everything is lovely, everyone is joking, laughing and happy. All at once the scene changes, and the patient says, "Doctor, give me a drink; I'm so blind and weak; my ears roar, and I'm smothering to death!" No more smiles nor jokes; everyone, even to the doctor, is panic-stricken, and he who wades through this sea of desolation and grapples hand to hand with sneaking death, and prevents a fatal accident, deserves praise in this world, and will probably get reward in the next.

Should he fail to check this flooding and his patient die, a scene follows which would cow a Numidian lion, and censure and vituperation, just or unjust, will be showered on his luckless head, until he would be willing to exchange places

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with his unfortunate patient, and give all his earthly possessions and medical paraphernalia to boot.

I will mention some of the causes, viz., natural bleeders, old primiparæ, very yound primiparæ, old multiparæ, weak and debilitated women, those suffering from acute or chronic inflammation, infectious or malignant diseases, conduct of the patient, mental attitude, physical imperfections, congenital malformations, displacement of the uterus, condition of the bladder and rectum, delayed labor, want of forceps, abuse of forceps, pre-existing nephritis, cancer or consumption, tumors, old lacerations, pre-existing endometritis, adhesions, paralysis of the placental site, uterine inertia, new tears of cervix or perineum, retained placenta or secundines, meddlesome midwifery, rupture of the varicosed uterine veins, uterine aneurism, placenta previa, too much chloroform or morphin, carelessness on the part of the attending physician.

I am sure I have here enumerated some causes of post-partum hemorrhage that you had not thought of for years. In fact, I find so many causes in our text-books I wonder how so many women escape this dreaded complication. I did not systematize the causes. I might suggest classifying these into two groups—those causes which we can prevent and those over which we have no control.

The all-important matter is to prevent the occurrence; second, to be prepared to stop it, should you fail to prevent it; third, if you can not stop it, be prepared to take care of yourself, for you will surely need it. It is seldom we have a post-partum hemorrhage where we are not expecting it; and should we have, we by all means ought to be prepared to combat it. I believe that a full dose of strychnia given hypodermatically just before the completion of the second stage of labor has prevented trouble for myself and my patient as well.

The mental attitude of the patient can be benefited often by valuable suggestions from the doctor. A woman who is hysterical, sad, mad or glad, goes into the third stage of labor at a great disadvantage. You should try to please the patient, relieve her pain as much as possible with hot applications and consolation, use as little morphin and chloroform as possible to be conservative.

We can not prevent a patient from being a natural-born free bleeder, but we can at least find out the fact exists, and begin to prepare and hedge, so should the flood come we would not be so severely censured, and maybe help ourselves in the estimation of an otherwise criticising neighborhood.

Old girls who decide to marry after they are 25 or 40 years of age, and children under 16 or 17 years of age who want to mate, should be prevented from taking this step, for it is this class of patients who suffer with tedious labor and severe laceration.

Patients who are sick, who may have typhoid fever, pneumonia, dysentery or any of the many acute or infectious diseases, can be properly treated. With the idea of a probable flooding constantly in the physician's mind, by timely interference, proper medication and wise manipulation, this dreaded complication may be prevented or arrested.

The mental attitude of a woman in confinement has a decided influence. For her to be suffering from a recent desertion or death of a very dear relative, husband or child, or for the impending son or daughter to be born in illegitimacy, taxes the skill of a diplomat to so direct the mind of his patient that the warm blood current will keep to its natural channels. It is here where one can exercise his mental suggestion and use ministerial advice and consolation.

The old multipara, who has had from six to twelve children already, and who has never had any trouble heretofore—she just called you in for manners' sake to keep down neighborhood talk and get a little medicine for after-pain—better watch her instead of cracking jokes about the baby favoring the peddler or the hired man; better keep your eye on her and your hand on the fundus, for she is liable to float away on the post-partum seas of scarlet blood.

Very often you curette a woman for chronic endometritis, or advise knee-chest position for a retrodisplacement. Probably these patients get better, the next thing you hear they are pregnant. Better watch these cases, for when they are confined the thickened blood vessels of a long-standing chronic inflammation or the adhesions of displacements are liable to interfere with normal uterine contractions.

Did you ever feel cheap after "Credeing" a full bladder for ten or fifteen minutes? Better see to it that it is empty before the baby is born. You never felt a tumor posterior to vagina after delivery, did you? It is there sometimes if the bowels have been constipated. There is a scientific reason why the bowels and bladder should be empty before the completion of the second stage of labor, for when they are full the womb will float too high in the pelvic cavity, may prevent normal contractions and would prevent proper manipulation, should it be needed.

Allowing the labor to be unnecessarily prolonged, waiting an unreasonable time for nature to perform what may be a physical impossibility, afraid to put on forceps when needed or the doctor going crazy after they are applied and forcibly dragging the womb empty too quickly, causing lacerations and surgical shock, all of these can be prevented by keeping cool and acting with common sense.

One of my books says, "There is no place in medicine or surgery where anything so grave as a post-partum hemorrhage is so dependent on chance, luck or nature, and at the same time so amenable to rational treatment."

Uterine inertia seldom exists except following twins or over-distention; paralysis at the placental site is hard to prevent, but strychnia is again indicated.

Retained secundines or accumulated blood clots call for emptying the womb, flooding from new lacerations can not be prevented, but modified by good work in general and checked on hemostatic principles. The doctor who sits by and never thinks to examine or watch his patient for the first hour after completion of the second or third stage of labor has more nerve or, at least, fear than I have. The only post-partum hemorrhage within my knowledge which proved fatal killed the patient before the attending physician knew it.

Post-partum hemorrhage is largely preventable, seldom unavoidable, and, I believe, is curable ninety-nine times out of a hundred. There are so many complications to labor that it is imperative to be on the watch for conditions likely to give rise to post-partum hemorrhage, prevent these, if possible; should hemorrhage occur, be prepared to meet it and to meet it now. I am afraid of post-partum hemorrhage. It is the main cause of my frosty head. I am uneasy enough to have my hypodermic loaded with strychnia, one dram of ergot in a glass near by, always some hot sterile water, a bottle of alcohol by the side of some clean lubricant, a sterile syringe wrapped with a clean towel—then I am ready for the hemorrhage, and it comes once in a while. The first thing after the baby is born, I see to it that the uterine contractions follow down and round up the placenta, then I tie off or resuscitate the baby, turn it over to its grandmother, place my hand on the fundus of the uterus, wait, watch and pray. When the pain does not come in ten minutes, I "Crede" the uterus. If it wells up under my hand, I "Crede" before I get the pain. If there is no pain in ten minutes, I "Crede" anyhow, make slight traction on the cord, and deliver the placenta. If I have a gush of blood before the placenta is delivered without a reduction in the size of the womb, I empty it then and there. Should the flooding continue after this, I do not hesitate to wet my hands and arms in alcohol, lubricate well, and gently but surely introduce my hand into the womb. This will always make it contract. Should it well up and gush again, I go back again with the nozzle of a clain airless syringe and pump water as hot as my hand will stand. I never had this fail me but once; then I pumped in an ounce of lemon juice, which stopped even the normal discharge. Ice is next—with some it is first—scald it and put a piece as large as a hen's egg or larger into the fundus. Bimanual manipulations should be tried if other methods have failed. Grasp the fundus externally, push it against the posterior pubes and force it down against the sacral wall, which reduces the size of the womb, kinks the arteries and closes the os.

If the flooding is what I call a fatal oozing, four to eight ounces of blood clots forming and passing or are extracted every ten to thirty minutes, it is then I let the clots remain and put on a close-fitting abdominal bandage with a compress that will surely hold the womb within the pelvic cavity. I then raise the foot of the bed, give stimulants and send for a good doctor.

After the patient has lost much of her blood and death seems pending, use hot applications, give stimulants, an eighth of a grain of morphin, fill bowels with normal salt solution, the stomach with hot water, and give thirty minims of adrenalin chlorid in two ounces of water subcutaneously. Should all of this fail, I would try to do transfusion after assistance arrives.

As to packing the womb with gauze, as advised by some, I am free to say I have no experience. I am sure I would try everything else first, even to another doctor, should he advise it, and I would not object had everything else failed and the patient was yet alive; but, it seems to me, that this would be better for those cases which are caused by rupture of blood

vessels, tumors or lacerations than to those which are most common.

I am sure I have left out many valuable suggestions. I could have copied more causes and treatments, but this will probably remind you that we can tell our ideas and experiences and thus be a great deal of help to one another.

OBSERVATIONS IN TRACHOMA WITH REPORT OF CASES.*

BY

D. T. ATKINSON, M. D.,

DALLAS, TEXAS.

Of all the diseases in the domain of ophthalmology, perhaps trachoma was the first to receive the attention of physicians. During the infancy of the healing art, when the science of medicine first began to struggle toward the light, Hippocrates described a condition of the eye which is now believed to have been this disease. The principles of his treatment in over two thousand years have not been materially changed. The ancients, while they treated this disease, did not know what produced it, and even at this time we must admit that our knowledge relative to its cause is incomplete, and that its pathology is still a question of dispute. Much has been written about trachoma which, when summed up, consists of a mass of uncertainties and conflicting theories. We long ago arrived at the conclusion that the disease is of an infectious nature and that it can be transferred from one eye to another by the secretions and, though a number of micro-organisms have been described as being present in the discharge from trachomatous eyes, the specific germ causing it is unknown. The ravages of trachoma epidemics are offered as proof that the disease is contagious, and yet we often find an isolated case of the most virulent type of trachoma in families where no precautions to prevent its spread have been practiced; then, too, we frequently see trachoma of years' standing confined to one eye where nothing has been done by the patient to protect the other eye from infection. We do not know why this is. We believe that certain races are predisposed to it. We know that the negro is practically immune, and that the Hebrew is particularly liable, but the reason for this is clouded in mystery. We are unable to determine whether in certain races a predisposition to the condition is inherited or whether the trachoma is due to a total disregard of ordinary cleanliness by those races most affected.

Many observers claim that the disease is influenced by climate, and cite as an illustration its peculiar geographical distribution. Others question how this can be so, since its ravages are equally severe among the serfs of frozen Russia and the peasantry of Southern Italy. Northern Russia and Scandinavia lie at about the same latitude. We know that trachoma thrives in Russia and is almost unknown in Scandinavia. In Ireland and Scotland the climate does not differ materially, yet the Irish are, as a race, trachomatous, while the Scotch are rarely affected. Some believe that the condition is due entirely to the influence of filth and unhygienic surroundings, and to illustrate this refer to its ravages in the slums and tenement districts of large cities and among the ignorant peasantry of Europe. This may be true, but Duane and other observers have noted that the disease is common and often virulent in the Middle Western States where the inhabitants, we may believe, have a fair knowledge of the principles of ordinary cleanliness, and whose surroundings are reasonably wholesome. Here in Texas the disease is common and unusually virulent.

It is believed that trachoma and follicular conjunctivitis are not one and the same disease, though such an eminent authority as Fuchs says that no histological difference can be found between them. In some cases we are absolutely unable to make a differential diagnosis, except by observing for months the course which the disease takes.

Though many of the theories propounded by the authors of our text-books are conflicting, and their conclusions varied, we find upon a review of the subject that most of them have these conclusions in common: that trachoma is a hypertrophy of the conjunctiva, probably due to a specific micro-organism, gradually progressive in nature, disappearing in time, whether by virtue of treatment or not, and leaving behind it more or less contracting cicatricial tissues.

In a paper of this scope it would be impracticable to enter into a further consideration of the mooted questions relative to the cause and pathology of trachoma, and for this reason I shall not endeavor to do so. The time allotted to me I shall devote to a consideration of the treatment of this disease and the management of its complications and sequelæ.

Every case of trachoma is a law unto itself, and no treatment can be formulated that is applicable to all cases. Such measures are to be adopted that will best reduce the existing inflammation and do away with the hypertrophy of the conjunctiva. The method from which the best results are to be looked for will depend to a great extent upon the form and stage of the disease. In assuming charge of one of these cases, the patient should by all means be made to understand that he is affected with a disease the results of which, when neglected, are often grave and disastrous. The absolute necessity of his complete co-operation should be impressed upon him. He should be made to understand that a systematic treatment of prolonged duration offers him the only hope of recovery without unfortunate sequelæ. In dealing with these patients I think we should never use the term "granulated lids." For years the laity in Texas has been applying this term to all slight attacks of conjunctivitis and simple irritation of the eye, and nearly every one in which this diagnosis is made will volunteer to cite you numbers of cases among his acquaintances who, he says, have been cured by some of the patent proprietaries from the drug stores. This term inspires a false confidence in the patient, is apt to make him desultory in coming for his treatment, and causes him to grow dissatisfied if the improvement is not marked and continuous.

In the follicular form, where the granules are very abundant in the retro-tarsal fold, the quickest results, I believe, are obtained from surgical treatment. Operation should not be resorted to, however, if much inflammation and swelling of the conjunctiva exists until this is allayed by local applications of silver. Expression of the follicles with a Knapp's or Noyes' forceps seems to bring better results with the least injury to the conjunctiva. I have practiced this method several times and have never seen much scar tissue result from the operation. The granules are squeezed out between the rollers or rings of the forceps. If this is done carefully, only a slight destruction of the conjunctiva takes place. After the inflammation which follows this operation has subsided, the lids are to be treated by local application, and if necessary the expression can be done the second time. Scarifying the conjunctiva and rubbing it vigorously with a toothbrush, popularly known as "grattage," seems to me to entail too great a mutilation of the conjunctiva. Excision of portions of the conjunctiva in which the granules are abundant is overradical treatment, for it produces a great deal of scar tissue, the very result which we are attempting to prevent. Direct application to the lids of astringents and mild caustic agents are indicated in all cases whether an operation is performed or not. These agents are supposed to produce an absorption of the granulations. De Schweinitz condemns pushing the caustic treatment to an extent sufficient to produce scar tissue in the conjunctiva. This, it seems to me, is a good precaution, for the scar tissue in the lid causes more harm than does the original malady itself.

Personally, I do not like the continued use of the bluestone stick as a routine treatment, for I believe that it does cause scarring of the lids. In the clinics of Vienna I had the opportunity of watching the progress of two sets of patients. Members of one group were treated with bluestone and in the others this agent was not used. In the cases in which the bluestone had been applied, scar tissue was more abundant in the lids, and among them was a larger number of pannus cases. I observed these cases very carefully and the scarring obtained in the lids which had been treated with a bluestone stick led me to believe that this method of treatment is unsatisfactory, from this standpoint, at least.

I have secured good results from a daily massage of the lids with 1-500 bichlorid solution. This treatment causes considerable reaction and is sometimes painful, but is more easily borne than is the copper sulphate stick, as the lid clears up, leaving only a small amount of the scar tissue, and this we may attribute to the destruction of the conjunctiva by the trachomatous process itself. When there is much secretion, nothing, I think, gives us better results than a 2 per cent solution of nitrate of silver applied to the lids two or

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three times a day, carefully washing off the excess after each application with a normal salt solution. By this method, the secretion can usually be controlled in a short time. I have used argyrol and some of the other products of silver in these cases, applying them in solution to the lids daily, and vigorously rubbing the preparation into the conjunctiva with cotton on a probe. I do not know whether the improvement which we obtain from this method of treatment is due directly to the virtue of the drug itself or to the massage of the conjunctiva after its application. To hasten absorption of the granulations in the later stages of the disease, boroglycerid 33⅓ per cent is a standard remedy. It is applied with a mop of absorbent cotton.

One of the most common, and at the same time the most intractable, complications of trachoma is pannus. This is described by Fuchs as a development of trachomatous material upon or between the layers of the cornea. Other authors believe it to be due to the scar tissue of the conjunctiva and in-turned lashes which brush the cornea and from pressure. Pannus will very often clear up with the disappearance of the granulations, but if the scar tissue is dense in the conjunctiva of the upper lid and the tarsal cartilage curved so as to cause trichiasis, the pannus may continue until the cornea becomes dense and opaque by deposits in it of connective tissue. When entropion exists it must be remedied by an operation, for the vascularity of the cornea will continue until a leucoma is formed, if this is not done. This condition is irreparable. Dionin, a drug upon which we based such hope three or four years ago, has not given me the results in clearing up these opacities which we looked for. One of the most efficacious means of controlling vascular pannus lies in the operation of periotomy, an excision of a crescentic piece of conjunctiva from around the upper portion of the cornea. Enough conjunctiva should be removed to prevent the edges from uniting. Whether pannus is due to an extension of the trachoma to the cornea, as some authors claim, or to pressure and irritation alone, this method of treatment meets the indication. On the one hand we get a starving out of the blood-vessels of the cornea and on the other a dense scar tissue wall through which the micro-organisms can not pass. I shall refer to my experience with this method in a report of cases.

If there is much thickening of the lid with a consequent pressure upon the cornea, a canthoplasty should be done. My experience with this operation, though not extensive, has made me look upon it with favor.

In corneal ulcers complicating trachoma the treatment to secure the best results should be directed toward removing the conjunctival trouble which produces them. In other respects, the treatment is the same as is applicable to other corneal ulcers with the exception that bandages should not be applied to the eye, as they obstruct the free exit of discharge. When iritis is present, a 1 per cent solution of atropin should be instilled in the eye once a day, or oftener if the condition demands it.

I take the liberty of reporting two cases which illustrate to an extent the value of periotomy and some other points which I have tried to bring out in this paper.

Case 1.—Mrs. C., age 23, was referred to me by Dr. Jones, of Arbala, Texas, last April. This was a case of trachoma of ten years' standing that had run the gauntlet of all the quack remedies and had undergone the bluestone treatment for twenty months. She had been suffering from pain and photophobia for years. The cornea of both eyes were affected with numerous ulcers and a pannus of the vascular type. She had entropion of both upper lids with lashes encroaching on the cornea. The tarsal conjunctiva had been transformed into one dense scar, the only trachoma follicles present being in the fornices. I expressed the granules with a Knapp's roller and did a double Holtz operation for entropion upon her in the Hillsboro Sanitarium. This completely corrected the entropion and as soon as healing took place I treated the conjunctiva with a 1-500 bichlorid solution and saw no more of the granulation. The pannus continued, however, and two months after I did a periotomy on both eyes. This cleared the cornea of all evidences of vascularity in three weeks, though considerable connective tissue was left. Her vision, however, improved considerably, and in four months I sent her home. Since then she has had no trouble with her eyes, except from the slight impairment to vision resulting in the scar tissue in the cornea. This case may be interesting, inasmuch as it illustrates the necessity of correcting lid deformities in old trachoma cases and the value of the little-used operation of periotomy. In this case, too, I am inclined to attribute the pronounced scarring of the lid to the too persistent use of the bluestone pencil.

Case 2.—Mrs. D., referred to me by Dr. Ballard, McLean, Texas. This was a severe case of follicular trachoma of three or four years' standing, which was confined to one eye. The conjunctiva was greatly swollen, causing pressure on the cornea. She had iritis, photophobia, corneal ulcers, and greatly diminished vision. I treated her daily with a massage of the conjunctiva with 1-500 bichlorid solution. All evidence of the granulations disappeared inside of six months, after which the pannus cleared up entirely. I saw this patient recently. She had completely recovered. There was very little scar tissue in the lid and after the astigmatism of 1. Diopter was corrected, her vision was normal. This case is an illustration of virulent trachoma, confined to one eye, where nothing had been done by the patient to prevent its invading the other eye. The fact that no bluestone was used and the case recovered completely with little scarring of the conjunctiva may illustrate the advantage of this treatment over that of the copper sulphate.

POST-MENOPAUSE HEMORRHAGE.*

BY

R. R. WHITE, M. D.,

TEMPLE, TEXAS.

It is not my intention, in this paper, to discuss the menopause and its varied and disturbing consequences, but to call to the attention of the members of this society a condition following the menopause that is always pathologic, and, I fear, is too often treated expectantly and considered lightly by the attending physician.

Uterine hemorrhage in every case following menopause is a condition that does demand, and should receive, our best thought and most careful and immediate examination.

I want to relate briefly a history, and doubtless many members of this Section have had practically the same story from some of their patients:

Mrs. X——, previous personal and family history good; menopause eighteen months ago; passed the period in a normal way. Six months after the last normal menstruation, she noticed a slight uterine hemorrhage, which lasted only a few days. It disappeared, leaving the patient feeling as well as usual. Soon the flow returned; its duration was somewhat longer, and the flow of blood was slightly more profuse. The patient continued having these irregular hemorrhages for some weeks. She then called her family physician and described her symptoms. The doctor consoled her and himself by announcing that probably the trouble was only incident to or caused by the change of life, and that he would give her some medicine. Having given the medicine and directed the patient to report to him later, the physician dismisses the case from his mind, not realizing that he has possibly done this patient and her children an irreparable wrong. The doctor would not, of course, do his friend and patient an intentional injustice, but an unintentional wrong, or a wrong due to neglect, is just as disastrous in its results. The lack of a thorough examination may deprive the father of a counsellor, the children of the love and guidance of a mother, society and the State of a valuable member, and the woman of an opportunity to protect herself against the ravages of a most loathsome and fatal disease. In a few weeks or months after the doctor has prescribed the medicine to check the flow, he is again consulted by the patient, who says that the flow is not generally profuse, but is rather constant and is accompanied by an offensive odor. It is probable now that the doctor will wake up to his duty; he suggests and makes a careful examination; he finds the uterus carcinomatous. He usually does not say this positively, but asks for consultation, and states that probably operation will be necessary; that he is afraid that the condition has become cancerous. (It has not become cancerous; it is cancerous, and has been all of the time, and was when he gave the expectant treatment.) The consulting and family physician make a careful examination, although it is probablo that the condition is so far advanced that careful examination is not needed, and finds an extensive

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carcinoma of the uterus. The organ is bound down in all directions; the vaginal walls are invaded. They tell the patient that the condition is cancer, but that it is not operable; they perhaps do a little curettage to temporarily control hemorrhage and lessen the odor; give her some medicine to relieve the pain and send her home, not to die acutely and easily, surrounded by her family and friends, and leaving the most pleasant remembrances as a legacy to her children, but to die a slow death, the death possibly due to procrastination or inattention of the one on whom she relied for advice as to her physical welfare. There is some one morally responsible for this patient's physical condition. She has been led along the paths of expectancy, and lulled to rest by the soothing, though dangerous, advice that her troubles were probably incident to her change of life.

Do you think I have overdrawn this picture? I assure you that I have not. Our record book shows case after case that the above description does not magnify. It may be said, and often truely, that the doctor suggested an examination when he was first consulted, but that the patient objected. Do you think this could relieve the doctor of his moral obligation to the woman and her family? Not at all. Her objection should not deter the doctor, but should impose on him the additional duty of teacher or educator. If the patient objects to a full investigation of her trouble, it is because she is ignorant of the fearful disease and consequences with which she may be suffering, and of which the hemorrhage is only the first symptom. If, after full explanation, the patient still refuses to have a full investigation made, then I deem it the duty of the physician to decline to prescribe expectantly for the case, and he should suggest that she consult some other physician, and advise her that her symptoms may mean for her happiness or torture, life or death, and that he can not assume such great responsibility without an opportunity of having a definite opinion, and such can be had only by thorough examination.

I do not mean to say that all post-menopause hemorrhages are due to cancer, but I do say that all such hemorrhages indicate cancer, and cancer should be eliminated or confirmed early, and not when it is too late for possible relief.

In order that we may be further impressed with the significance of hemorrhage after menopause, I have addressed the following questions to Drs. Murphy, Ochsner, Dudley and Beck:

1. Approximately what per cent of carcinomas that have come under your care have been inoperable on account of neglect or delay?

2. Operated immediately after the carcinoma has appeared (not after gross symptoms have developed), what should be the per cent of recurrences?

These men are pioneers and great leaders in the field of surgical and gynecological execution and the advancement of surgical pathology; men who, by their efforts, are building for themselves and the profession monuments which will stand through time. These men, in their great clinics, are almost daily meeting with these unfortunate patients, and their opinions will, I am sure, be of instructive interest, impressing on us more and more the necessity for prompt action in all suspicious hemorrhages, and I want to reiterate that all recurring hemorrhages after the menopause are suggestive of cancer.

The average of the combined reports of the four gentlemen interrogated show that 54 per cent of the uterine carcinomas that come under their supervision are inoperable when presented, so far as complete extirpation is concerned. Is this not appalling? Fifty-four per cent of these unfortunate women are victims of delay.

I do not contend that all uterine carcinomas could be cured by early operation, for there is necessarily a small percentage of fatality attending the operation. This percentage, however, is small, if undertaken before the period of sepsis and cachexia.

There will, under the most favorable circumstances, be some percentage of recurrence. We are encouraged by Ochsner, Dudley and Beck (average of the combined report), who estimate that if operation is done early, before gross lesions are manifest and before metastases occur, that the percentage of recurrence will be from 12 to 15 per cent. Here is a saving of eighty women out of every one hundred of those who are, without operation, doomed to a death by torture. Suppose we are too hopeful of permanent results; suppose 50 per cent do recur or fail to recover; still we have a great field for saving human life and preventing misery.

Murphy says that every uterine hemorrhage coming on two years after the menopause, with a flow exceeding the normal flow, is due either to polypus or carcinoma. If polypus is not present, then it is pathognomonic of cancer.

The gentlemen quoted all report a very large per cent of recurrences when operations are performed after gross symptoms have appeared.

Ochsner says that, generally speaking, patients who have passed the menopause one year, who again have hemorrhages, and in whom no fibroid or polypus can be demonstrated, are suffering, in his experience, from a beginning malignancy of some portion of the uterine mucous membrane, and when he has not removed the uterus he has later encountered a carcinoma. Therefore, in any case in which there is no good reason for explaining the hemorrhages on non-malignant grounds, in patients who have passed the menopause one year, he advises hysterectomy.

Some other conditions which produce uterine hemorrhage after the menopause will be mentioned, briefly. It was my object to deal more with the probable carcinomatous condition indicated by the so-called hemorrhagic irregularities following the menopause.

Fibroid and polypi of various locations may cause hemorrhage. I shall not enter into a detailed discussion of these conditions, but will briefly state my position as regards fibroids, and the reasons therefor:

First.—On account of the exhaustion of hemorrhage resistance is lowered and patients become easily victims of disease that could be, by a normal individual, easily resisted.

Second—A large per cent become degenerated, and, if pedunculated, they may become acutely strangulated, and the patients be in an unfavorable condition for operation.

Third—A large per cent become malignant.

Fourth—If all fibroids were operated on early, the per cent of mortality would be very much less than is the present mortality, direct and indirect, and, unless there is some grave contraindication, all fibroids should be removed.

The death of many patients is assigned to some other cause, when, in reality, it is due to the want of resistance in the patient—a result of long-continued hemorrhage, or absorption from a degenerated tumor.

In conclusion, I wish to impress the necessity for immediate careful examination in all cases of hemorrhage after the menopause. If no lesion is detected in the cervix, or palpable disease in the fundus, curette the uterus and submit the scrapings to a pathological examination. Unless carcinoma can be positively excluded, do a complete hysterectomy. The patient is always entitled to the benefit of all doubts.

THERAPEUTIC PESSIMISM.*

BY

J. N. MENDENHALL, M. D.,

PLANO, TEXAS.

Pessimism, with its blighting, poisonous influence prevails to an unwarranted extent in every calling. In the commercial world, lack of confidence in great financial institutions will precipitate a crash that may seriously affect the business interests of a continent. Indeed, confidence in men, measures and methods is one of the greatest, if not the greatest, motive power in the universe. Again, should the farmer become discouraged from wet or dry weather talk, or from the boll weevils eating his cotton and the green bugs his wheat, desolation will reign; whereas, he should remember that—

"The world is full of roses, and the roses full of dew,
And the dew is full of heavenly love, that drips for me and you."

In the political and social realms, the slimy, serpentine tongue of slander is often used. There is an old saying to the effect that—

"If you lose your wealth, *nothing* is lost."
If you lose your health, *something* is lost; and if you lose your character, *all* is lost."

Especially is this true of woman. Breathe a suspicion against her purity, and her influence for good may be forever destroyed.

*Read before the North Texas District Medical Association, Fort Worth, December 12, 1907.

A brilliant German philosopher, Arthur Schopenhaner, is considered the founder of modern pessimism, the world, according to him, being the worst that could possibly exist, and that it is better never to have lived than to live, and that the end of life is the only refuge against misery, a doctrine that finds its source in Oriental speculation—and may be traced to Buddhism. This teaching has produced numberless infidels and caused thousands of suicides. "Pessimism is an enfeebling parasite that finally destroys happiness and good cheer."

There was a great deal of optimism in Aristotle and Socrates, and, in modern philosophy, it was advocated by Descartes and others. "The great minds, from Homer and Paul down to Shakespeare and Browning, have, without exception, been the children of exultant joy as well as genius, and every statesman and jurist of the first rank of greatness has been an optimist, sane, sweet, wholesome, healthy and happy."

The Christian religion teaches the goodness of God, and "that all things work together for good to those who love Him." Christ declared peace on earth, good will to men, and preached a gospel of Faith, Hope and Love—the immortal trinity of graces. Optimism represents progress and improvement in all lines of endeavor, whereas pessimism means despair and destruction.

Medicine has not yet become an exact science or art in the sense that all things taught and believed are capable of mathematical demonstration. She has for ages been passing through evolutionary periods. From the alchemist came the chemist, from the astrologer, the astronomer, from the priest the physician, from the barber the surgeon, from the soothsayer the neurologist and psychologist, from the compounder of birds' nests and all manner of villainous mixtures has developed the modern pharmacist with his elegant preparations, from empiricism has come some of our specifics and preventives, from our bacteriologists we have received truths most beneficent and wonderful in their therapeutic application.

Dr. Osler, who has few, if any, equals as a teacher, writer and pathologist, is reported also the greatest therapeutic pessimist. His declaration that, "we put drugs the action of which we know little into bodies, the action of which we know less," has created much doubt in our profession, and is making it more and more difficult for an honest man to practice medicine at all if his teachings regarding therapeutics are to be accepted as standard. Our knowledge of physiology is not absolute and perfect, which may account in many instances for not getting specific results. Or, Osler's statement, for example, in regard to pneumonia, is not encouraging and helpful when he says that it is a disease "which can neither be aborted nor cut short by any known means at our command." In other words, a little peppermint water will do as well as anything.

The belief of the past two decades that it is hopeless to try to cure with drugs self-limited diseases, is being dispelled, and such high authority as Ehrlich of Germany, and others, say the future of medicine is in pharmacology. Better therapy does not depend upon drugs alone. In the treatment of typhoid fever, the use of the bath, giving large quantities of water for elimination, constantly watching for and combating any complications or unfavorable symptoms, and proper feeding, are all effectual therapeutic remedies, to employ them is far from a masterful donothingism.

A physician once said to me that there was very little in the practice of medicine; that about all we could do was to relieve pain occasionally by a dose of morphin. I replied that if I did not believe a great deal more than that, I would not practice another day. There are true, well established scientific therapeutic methods, as well as methods of empiricism and of doubtful value, and they should be more strenuously taught. There is a grain of therapeutic truth in much of the error of chaff in the many faith-cures of the day, and we should accept the good and discard the bad.

Our new Medical Practice Act, creating a mixed Board, has much to commend it, and it is an advance toward harmonious action and scientific medicine, but there is one weak, if not fatal, omission of the subjects an applicant to practice should be examined upon. Our supreme aim is the cure of disease. Pathology and diagnosis, as important as they are, are preliminary, subsidiary to, or are handmaidens of therapeutics. In examining an applicant, not one question is required to be asked upon the most important subject that concerns the layman, viz., what are you going to do for the sick one? The one examined may be opposed to the use of diphtheritic antitoxin and believe a little rubbing will do, and yet he may be licensed by our State Board. He may have so-called conscientious scruples about vaccination and say and teach it is useless, still that would not prevent his obtaining a license. Or he may not give quinin for malaria, or mercury for syphilis, and yet be permitted to pass as a licensed physician. In other words, he is not questioned upon materia medica or therapeutics. It occurs to me that there should be some general well established scientific therapeutic methods agreed upon and an amendment to the present law adopted, requiring knowledge of this branch of medicine, as well as the others prescribed in the act. The bill is perhaps a compromise measure along this line, or it may be the effect of the prevalence of therapeutic pessimism.

Optimism is thoroughly compatible and consistent with a true and just recognition of the fact that sin, sorrow and suffering, disease, decay and death, are ever present with us but on the other hand we also have pleasure, sunshine, flowers, and singing birds, happiness, hope, faith, love and truth strewn all along our pathway. Energy, cheerfulness and enthusiasm are mighty factors of progress. They are especially invaluable assets of a physician.

It is told of a large, fat, jolly man, who was a good laugher, that he was employed to sit in a ward of a hospital for the insane, and laugh long and loud at certain intervals for the benefit of a poor sufferer from melancholia, who had given up and had not been known to smile for a long time. After awhile the melancholic noticed the jolly man and ventured to laugh, and when he did so, new life and vigor came to him, and he was cured. Good cheer is contagious and is good medicine. It requires neither brains, patriotism, nor religion to be a knocker, a kicker, a pessimist or an iconoclast. A mule can destroy or kick down a barn, but it takes a man to build one. Energy and enthusiasm, coupled with brains, have ever been the great motive forces of discovery and progress in every thing that has blessed mankind. In the eloquent language of a recent author, "No really great deed was ever done in arts or arms, in literature or science, that was not the product of enthusiasm. It took Cook to the Southern seas, and it beckoned Columbus across the Ocean from Palus to the Indies. Because of it, the explorer tracks the dusky cañon and the miner 'bleeds the veins' of the mountains, the navigator seeks the northern pole, and the student prints on his face the unobliterable lines of thought. It carved the Belvidere Apollo and it painted the Sistine Madonna. It struck fire from cold flint; it gave the wheel to the wagon; it invented the alphabet, and it saw in the steam wreaths from a tea kettle a force greater than that of all the men in the world united. It reared the pyramids; it built St. Peter's, it bridged the Hudson, and it laid the gleaming rails of civilization on the summits of the mighty Rockies. It took signals under the ocean; it carried messages through the air; it stored up speech in reservoirs, and it harnessed the lightning to drag the vehicles of man. It discovered the circulation; it invented the ligature; it introduced vaccination and anesthesia, and it laid the gentle hand of healing on the wounds of humanity through antiseptic surgery. It stimulated the labors of Washington and Cromwell, of Shakespeare and of Franklin, and it lit the councils of Cæsar and of Lincoln, of the great Napoleon and of England's 'Grand Old Man.' May we feel it; may we realize it; may we be animated by this immortal principle; may we be driven by this divine fire." If we are, we shall be an honor to our profession and a blessing to our day and generation.

MISCELLANEOUS.

CONCERNING THE ABBOTT ALKALOIDAL COMPANY

This *Journal* is in receipt of a letter, dated July 22, 1908 from Dr. W. C. Abbott, President of the Abbott Alkaloidal Company, which reads in part as follows: "The good and welfare of the medical profession, as well as justice to ourselves, demand that we no longer remain silent in this matter of the continued unjust and absolutely unwarranted attacks being made upon us through the *Journal of the American Medical Association* by a coterie of people led by its editor who are using its pages for some ulterior purpose best known to themselves." The writer then says that a pamphlet explaining his position is being forwarded to us, and continues

"We bespeak for this presentation your most earnest attention. The interest of the profession you serve demands that you peruse it carefully and that you express your sentiments fully in your own publication."

We are glad of the opportunity to reply publicly to this letter, and desire to speak plainly and definitely on several points.

In the first place, the American Medical Association has put the Abbott Alkaloidal Company under the ban, not in a spirit of animosity and unfairness, but that the medical profession of this country may be made aware of the true character of this company and its officers. In questioning this act of the American Medical Association it must be realized that this Association is an organized body of 30,000 physicians, for the most part representative men and good citizens. Moreover, the work and policy of this Association is entirely in the hands and under the control of its House of Delegates, which is a legislative body composed of physicians chosen by ballot in regular meetings of all the various State medical societies, which, with their component county societies, represent an organization of 75,000 physicians, or five-eighths of all the practitioners of the United States.

A thorough investigation has been conducted into the affairs of the Abbott Alkaloidal Company, with the result of laying painfully bare its modern schemes of high finance, together with its methods of working the medical profession. The evident conclusions are: First. That the president of the Abbott Alkaloidal Company has used, and is now using, his position as a member of the medical profession as a commercial asset; second, that the company is publishing what purports to be a medical journal devoted to the medical sciences and to the interests of medical practitioners, but which, to all intents and purposes, is a house organ devoted to the interests of the company and to the advertising of its products; third, that the president and vice-president of the company, though engaged in commercial lines, are members of medical societies and use this membership in medical meetings to advance the interests of their firm; fourth, that the same officers, for the same reason, flood the reading pages of medical journals with so-called original articles, which are but thinly veiled advertisements, e. g., forty-eight articles by Dr. Abbott, who is not in active practice, appeared in various medical journals during 1907, almost all of which dealt with the treatment of different diseases; fifth, that by glowing promises the company has induced physicians to become financially interested in its business and thus users and promoters of its products.

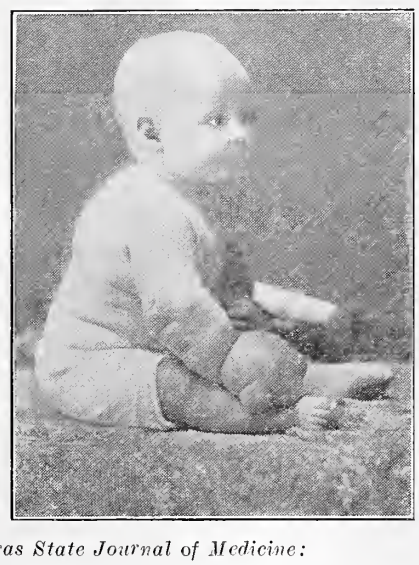
The pamphlet entitled "An Appeal for a Square Deal," alias "Dr. Abbott's Reply to His Critics," was duly received. This is a 48-page booklet with a full frontispiece of Abbott in his shirt sleeves, together with his thirty-five pictures of the company's plant. from the sugar-coating to the circular-sending department, which have no direct bearing on the text. The reading matter varies in substance from an appealing whine to the heights of braggadocio. It certainly is not an argumentative document, and a careful perusal of its contents serves in no way to convince the thoughtful reader that the charges of the American Medical Association were at all unfounded or exaggerated. In fact, the whole thing is a huge palpable advertisement, and we can only express our sympathy for those who may be gullible enough to be at all taken in by it. Any possible show of dignity is absolutely lost by the all-pervading atmosphere of commercialism and Abbottism and the ever-present grasping out for the cash, e. g., "The greatest bargain ever offered, a six months' subscription to the best medical journal published (*American Journal of Clinical Medicine*, nee Alkaloidal Clinic), a post-graduate course, a 300-page text-book of 'active principle' therapeutics, and a 9-vial pocket case filled, all for one dollar." Not for one moment does the man seem to be able to divorce himself from his dollar-getting schemes, either in his business, his literature, his journal or his personal defense.

If any of our readers do not wish to accept the judgment of any man in this matter, let him ask himself and likewise answer the following question: "What special virtue is to be found in Abbott, his company, his journal, or his manufactured products, that can not be as well, or better, obtained elsewhere?" Several of these features have already received our comment, but what about his products and "active principles?" Alkaloids, as pure as he can manufacture, are by no means rare or unique as remedial agents, and, furthermore, investigation by expert chemists has shown that many of his products are neither "alkaloids" nor "active principles," while not a few of them are typical nostrums. In other words, anything of value that Abbott may place on the market can be readily secured from reputable drug houses, while there are already enough houses from which nostrums of all shades and varieties can be purchased. As has been pointed out, the Abbott Company is equipped to furnish not only the theory, the principles and the practice, but also the drugs for their applications. It certainly would seem that a physician who in any way lends his support to the Abbott Company is nothing more than a penny-in-the-slot machine of which Abbott et al. hold the key.

We have gone into this discussion in order to acquaint our readers with the facts as we see them, and in accord with our general endeavor to elevate the profession to which we belong, to make the M. D. of the physician stand for disinterested professionalism, to protect the doctor from the impositions of shrewd schemers, and to show that medical journals can succeed without endorsing the advertisements of fakes, nostrums and irregular business methods. It is very apparent that the editors of many medical publications are being "worked" by the Abbott Company and that their official mouths are effectually sealed from uttering any words of protest by their acceptance of the Abbott advertisement.

The burning question is, on which side should the physician and the medical journal stand? The middle ground is slippery and slants to the marshes and the mires.—*The Old Dominion Journal of Medicine and Surgery.*

CONGENITAL ELEPHANTIASIS.



To the Texas State Journal of Medicine:

I beg to report to your readers a case of elephantiasis, a picture of which I herewith enclose.

Family History—The father of this child is aged 24, mother 34, living with her second husband. The mother was born and raised in Texas. In her family history there is no trace of tuberculosis or malignant disease. She is the mother of nine children, two of which are dead. One died with typhoid fever and the other with catarrh of the stomach. Her children were all healthy at birth except this one, born March 18, 1908.

Personal History—At birth the child presented a condition of the arm as shown in the picture, together with a large tumor in the right pectoral region, which disappeared in six weeks to two months. On June 24th, when about three months old, the child had a temperature of 102 for three days, which subsided with ordinary treatment for malaria. About this time a growth began to develop over each pectoral and scapular region which is still steadily advancing.

J. T. CARTER, M. D.,

Alma, Texas, September 19, 1908.

RECENT DECISION OF THE ATTORNEY GENERAL ON THE MEDICAL PRACTICE ACT.

Dr. M. E. Daniel, Secretary State Medical Board, Honey Grove, Texas.

DEAR SIR: In your letter of the 2nd ult. you ask the following questions:

"1. Will it be legal to record a verification license, nor or at

any future time, while the present Medical Practice Act is in force, that was issued but not recorded prior to July 12, 1908?

"2. Will it be legal for the Board now, or in the future, while the present act is in force, to issue verification license to those who were entitled to it, but failed to apply for same prior to July 12, 1908?

"3. In verifying osteopathic physicians as is provided for under the present law, and who were exempt under the Act of 1901, Section 13, last paragraph, should this Board have verified the said osteopaths to practice all the branches of medicine, or limit their verification to the practice of osteopathy?

"4. In verifying midwives, as is provided for under the present law, who were exempt under the Revised Statutes, 1879 (the old District Board Law, Article 3637, Subdivision 3), should the Board limit their verification to the practice of midwifery, or verify them to practice all the branches of medicine?

"5. When the Board is mandamused or seeks to revoke a license, are the district and county attorneys expected to fight these cases free of expense to the Board, or will the latter of necessity have to employ counsel at its own expense? In instances where the Board loses a case, does the State lose the cost or does the Board, collectively and individually, become responsible therefor?"

In reply thereto, I wish to advise as follows:

1. Verification licenses procured from the Board within twelve months after the present medical act went into effect may be recorded at any time, though the holder thereof would not be authorized to practice medicine after July 12, 1908, without having such verification license first recorded.

2. I am of the opinion that the present Medical Board is without authority to issue verification licenses to practitioners who failed to apply therefor before July 12, 1908. If the provision of the law does not mean what it says, and the Legislature did not intend to limit their right to procure such verification license to a period of twelve months after the law went into effect, the Legislature certainly would have omitted that provision.

3. In verifying osteopathic physicians for the practice of medicine, under the present act, it occurs to me that the present Medical Board, under the present act, should have issued to them license to practice medicine in all its branches.

4. The present Medical Board in issuing verification licenses to those practicing midwifery or obstetrics were not authorized to issue license to practice all the branches of medicine to those who had under previous laws a license to practice midwifery or obstetrics.

5. When an application for mandamus is made to the district courts of the State against the present Medical Board it would appear by the provisions of the Code of Criminal Procedure, Articles 32 and 39, that county and district attorneys should represent the Board in any litigation involving the validity of the law or the discharge of the official duties of the members of such Board; but there is no law within my knowledge compelling such officers to so represent the Board.

This Department has decided to furnish a representative to the Medical Board in all cases involving the construction and the validity of that medical act.

I am of the opinion that in litigation involving the construction, the enforcement or the validity of this medical act, in cases where the Board loses in such litigation, that the expense of such litigation would have to be borne by the Board, provided the Board had funds in its hands belonging to the Board officially, sufficient to satisfy such cost. Unless the Board had such funds or should thereafter collect funds sufficient to satisfy such costs, it occurs to me there would be no way of satisfying the cost accruing from such litigation. The members of the Medical Board would be acting in their official capacity, and they would be sued as officials and not as individuals, and no judgment could be properly rendered against them individually so as to subject their individual property to the payment of any costs of litigation, or any judgment that might be procured against such Board. But, of course, as stated above, all funds coming into their hands as official funds authorized by law to be used by the Board in paying expenses of the Board could properly and legally be appropriated to the payment of such costs.

Yours very truly,

J. T. SLUDER,
Office Assistant Attorney General.

AUSTIN, TEXAS, August 12, 1908.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Texas Life, Waco, Texas.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	El Paso.	Johnson.	Orange.
Bandera.	Edwards.	Karnes.	Potter.
Bastrop.	Erath.	Kaufman.	Rockwall.
Blanco.	Fisher.	Kendall.	Roberts.
Bosque.	Floyd.	Kerr.	Robertson.
Briscoe.	Franklin.	Lampasas.	Runnels.
Burnet.	Gillespie.	Leon.	San Augustine
Caldwell.	Gonzales.	Lipscomb.	Sherman.
Cass.	Grayson.	Lubbock.	Stephens.
Camp.	Guadalupe.	Madison.	Stonewall.
Childress.	Hale.	Martin.	Swisher.
Clay.	Hemphill.	Medina.	Titus.
Colorado.	Hill.	Midland.	Travis.
Collin.	Hopkins.	Milam.	Upshur.
Comal.	Howard.	Montgomery.	Uvalde.
Cooke.	Hamilton.	Morris.	Van Zandt.
Dallam.	Harrison.	Newton.	Wilbarger.
De Witt.	Hartley.	Nolan.	Williamson.
Ector.	Jasper.	Ochiltree.	Wood.—76.

In the September number of the JOURNAL attention was called to a list of Texas insurance examiners who do work for $2, republished from the *Industrial Review*. This contains the name of Dr. J. W. Embree, of Dallas. It seems that Dr. Embree's contract, and perhaps others whose names were there given, have contracts for merely health and accident insurance examinations at that price.

NEWS.

The Eighth or DeWitt District Medical Society will hold its next meeting at Victoria, October 8th.

The Panhandle District Medical Society will hold its next meeting at Memphis, the second Tuesday and Wednesday in January, 1909.

Yellow Fever in Cuba.—September 22nd one case of yellow fever was announced in Havana. The usual five-day quarantine has been put in force, but was removed about October 1st.

Quarantine Officer Appointed.—Dr. B. F. Young, Assistant Quarantine Officer at Port Lavaca, has been appointed Quarantine Officer at Port Cavallo, near Port Arthur, succeeding Dr. L. B. Bibb, resigned.

New Anatomical Society.—The Parker County Medical Society at its September meeting organized an auxiliary society for the study of anatomy, and has made application for anatomical material. The society holds its next meeting the first Tuesday in October.

Investigations of State Health Officer.—Dr. Wm. M. Brumby, in recent visits to several of the larger towns of this State, made a thorough investigation of their butcher shops and smaller slaughter pens, eradicated many unsanitary conditions which existed, and put the shops out of business until they were cleaned up.

New Quarantine Station House to Be Erected at Galveston.—Immediate steps will be taken by the State Health Department to build a handsome new residence and office for the quarantine inspector at Galveston. The department expects to spend about $8000 in these improvements.

Violations of Pure Food Law.—Forty complaints for violations of the pure food law have been filed in various cities of this State by Pure Food Commissioner, Dr. J. S. Abbott. A number of the complaints are for adulterating or using harmful drugs in the manufacture of soft drinks and syrups.

State Medical Board Must Act for Itself.—The State Medical Board has sought the advice of Assistant Attorney General Sluder as to whether or not its attempt to revoke the license of a physician who sells remedies on the streets is justifiable. Assistant Attorney General Sluder advised the Board to determine the question for itself primarily, to be sustained or reversed by a court.

Meeting of the Tri-State Medical Association (Arkansas-Louisiana-Texas).—The Tri-State Medical Society meets in Texarkana on November 11th. Unusual preparations are being made to entertain the society, and a large and profitable meeting is assured. Texarkana has just completed three private sanitariums. A general invitation is extended to the medical profession of Texas to be present.

Medical Schools Open.—The medical schools of Texas all opened about October 1st. The list is smaller than in previous years, including the State University, at Galveston; Medical Department of the Fort Worth University; the Medical Department of Southwestern University, Dallas; the Medical Department of Baylor, Dallas, and the College of Physicians and Surgeons, Dallas. The Gate City Medical College, at Texarkana, and the Physio-Medical College, at Dallas, have closed their doors.

Meeting of the State Board of Medical Examiners.—The next meeting of the State Board of Medical Examiners will occur in Dallas, November 10th. It is important to notice this change as this meeting of the Board was first announced to be held in Houston. The present Secretary is Dr. M. E. Daniel, Honey Grove, to whom correspondence on Board matters should be addressed, applications made for students' certificates to practice medicine, and for medical examination for license to practice.

The Ninth and Tenth or Southern District Medical Society will hold its next meeting at Beaumont, December 10th. Dr. E. F. Cooke, of Houston, Secretary, requests those wishing to present papers at this meeting to send him the titles not later than November 15th.

San Antonio Public Schools Demand Individual Drinking Cups.—According to an edict of the school board of San Antonio every pupil in the schools of that city must be provided with an individual drinking cup. This is deemed necessary to prevent the spread of skin diseases and other contagious diseases believed to be carried by children drinking from the same cup.—*San Antonio Express.*

Tuberculosis Not Prevalent Among Cattle.—Dr. J. H. Wilson, Chairman of the State Live Stock Sanitary Board, reports that he has inspected 2500 dairy cattle during the last eight months, and finds less than 1 per cent of the cattle of this State are suffering from tuberculosis. Dr. Wilson will attend the annual meeting of the Interstate Association of Live Stock Boards, held at Washington, September 14th, at which time he believes the consideration of tuberculosis among cattle will occupy the greater part of the session.

Dr. Fly Complimentary Delegate to Washington.—The Panhandle District Medical Society, largely through the efforts of Dr. H. D. Barnes, of Tulia, vice-councilor of the district, is paying the expenses and sending Dr. David R. Fly, of Amarillo, Councilor of the district, as official representative to the International Congress on Tuberculosis. Dr. Fly has been Councilor since the organization of the district and has never turned in an expense account. In appreciation of this fact, as well as the district's personal regard, this evidence of esteem is bestowed upon him.

"The Campaign Against Tuberculosis in the United States" is the title of a book of the Russell Sage Foundation to be issued soon by the National Association for the Study and Prevention of Tuberculosis. The volume includes a directory of all institutions and organizations dealing with tuberculosis in the United States. One of the sections contains information concerning more than 240 institutions which treat tuberculosis, representing in the United States an aggregate of 14,014 beds provided for tuberculous patients; and a section of dispensaries and clinics for the special treatment of the disease indicates an increase from January 1, 1905, to August 1, 1908, of 731 per cent.

Assistant State Health Officer to Inspect Hotels and Restaurants.—Dr. J. F. Eaves, Assistant State Health Officer, will visit San Antonio and Dallas before the opening of the fairs at those places and inspect the restaurants and eating-houses. Dr. Eaves intends making a specialty of investigating the sanitation of restaurants and hotels in Texas. His visits will be made by virtue of an act of the last Legislature, a portion of Section 14, stating that all public buildings in the State, designated as hospitals, sanitariums, hotels, lodging houses and restaurants shall be screened completely at all doors and windows. Dr. Eaves will enforce this portion of the act, as well as other provisions of it.

El Paso Osteopath Contests the Practice Act.—Dr. Ira Collins, of El Paso, the osteopath at first appointed by Governor Campbell as member of the State Medical Examining Board, but not commissioned by the Governor, is reported to have been arrested a number of times for practicing medicine without a license, but has not yet come to trial. He has instituted suit in El Paso county to test the constitutionality of the law, claiming exemption from the fact that he does not give drugs. He is reported to be spending money freely in advertising his side of the question and to have employed one of the best firms of lawyers in El Paso. The trials of suits against other medical practitioners of El Paso for illegal practice will come up October 5th.

Proposed Health Crusade.—At a meeting of the Kerrville Woman's Club, September 2nd, the club organized a health crusade, and adopted for its special work for the next six weeks an earnest effort to secure the enactment by the Thirty-first Legislature of a bill providing for the establishment of a tuberculosis sanitarium for Texas. Representative J. E. Grinstead, of Kerrville, author of the sanitarium bill that passed the House in the Thirtieth Legislature, was made an honorary member of the club and will give his hearty support to this work.—*Houston Post.*

New-Born Babes and Anti-Pass Laws.—Assistant Attorney General Claude Pollard holds that a little passenger whose fare is not paid and who becomes a temporary dependent on the railroad by virtue of his sudden ushering into life is not perforce an outlaw, nor can the provisions of the anti-pass law compel payment of the fortunate father or mother, as the case may be. Mr. Pollard's opinion follows an interesting telegram received by the Railroad Commission to the effect that "a fine baby girl was born en route. Mother and baby do-

ing well. Father will recover." The Commission immediately referred the telegram to the legal department for solution. Mr. Mr. Pollard's keenest precision was taxed and his poetic soul stirred, as the succeeding opinion is fraught with an unanswerable argument as to the intent of the law in which propensities and judgments of lawmakers are weighed and valued at their highest worth, and at the same time garnished with poetic quotations that bear the earmarks of improvision.—*Dallas News.*

The Medical Association of the Southwest meets in Kansas City, October 19, 20 and 21, with headquarters at the Coates House. The physicians of Kansas City are making elaborate arrangements for entertaining the Association, and a large delegation, especially from Oklahoma, is expected. It will prove a profitable occasion for Texas physicians who are members of this Association, as well as others who attend. An opportunity will be given for a largely increased acquaintanceship. The entertainment for ladies will include a musical and literary program Monday night at the Coates House. An automobile ride has been arranged for Tuesday afternoon, ending at the Evanston Golf Club for tea and then return to the Coates House.

Dr. Flavel B. Tiffany, 805 McGee St., Kansas City, Mo., is chairman of the ladies' reception committee, and requests that he be notified of the number of ladies in each party. Dr. F. H. Clark, El Reno, Okla., extends a cordial invitation to all physicians of Texas in good standing in the State Association to be present and apply for membership.

Decisions on the New Medical Law.—The new medical law has thus far been tested in two courts: In the Nineteenth District Court, Judge Marshall Surratt, of Waco, and in the Seventeenth District Court, Judge Mike E. Smith, of Fort Worth, passed on the law.

The Waco case was a mandamus proceeding of Dr. S. A. Morse vs. The Board of Medical Examiners. Dr. Morse has been legalized under a previous law, but the Board presented evidence of his advertising in the Waco newspapers as follows: That a specific which he offered gave a never-failing remedy for "all diseases of the head, throat and lungs; it is a positive cure for catarrh, deafness and all throat and lung diseases," etc. Counsel for Dr. Morse presented decisions from California and Kentucky where a law worded similar to our own was decided to be void because of a failure to define unprofessional conduct. Judge Surratt, however, pointed out that these States had revised the wording of their laws and the revised language had received the sanction of the courts.

The Texas law, together with the laws of about twelve other States, have incidentally the same revised wording, containing the word "dishonorable" as more fully interpreting what is meant by unprofessional conduct. Judge Surratt's decision closes with the following language: "I find the clause in question sufficiently specific, when considered in connection with the entire section, as to clearly indicate the character and kind of acts that will be considered 'grossly unprofessional and dishonorable,' and having found that relator was guilty of such conduct, of a character likely to deceive and defraud the public, the writ prayed for is denied."

In the Seventeenth District Court, before Judge Smith, Dr. Harlan Trask of Houston, brought mandamus proceedings against the Board to compel them to give him a license. The Board had refused him license because his certificate was illegally issued under the former law, not being signed by a quorum of the Homeopathic Board of Examiners. The Board further charged unprofessional advertising of a character calculated to deceive the public.

Judge Smith has not yet rendered his full decision. His partial decision awarded Dr. Trask a verification license and was unfavorable to the Board, as in his opinion in the issuing of verification licenses the Board's function was merely clerical, it having no right to refuse any one license who was previously legalized, although after one had become registered under the new law his license might be revoked upon proof of unprofessional or dishonorable conduct.—*Tarrant County Medical Bulletin.*

DISTRICT SOCIETIES.

THIRD OR PANHANDLE DISTRICT.

The Deaf Smith-Randall-Castro Medical Society met Se tember 8th, with four members and one visitor in atten ance. A paper entitled *"Entero-colitis"* was presented by I G. F. LeGrand, of Hereford, and thoroughly discussed.

FOURTH OR SAN ANGELO DISTRICT.

District Personal.—Dr. C. M. Alexander, of Coleman, h gone to Kentucky on a visit.

FIFTH OR SAN ANTONIO DISTRICT.

District Personal.—Dr. and Mrs. B. F. Stout, of San Antoni have returned home after spending the summer on the Nort ern lakes.

SIXTH OR CORPUS CHRISTI DISTRICT.

District Personal.—Dr. and Mrs. E. H. Sauvignet and so of Laredo, have gone on an extended trip to Washington, Ba timore, Philadelphia and New York. Dr. Sauvignet will a tend the Tuberculosis Convention to which he is a delegate.

NINTH OR SOUTHERN DISTRICT.

District Personal.—Dr. and Mrs. J. A. Mullen, of Housto have returned home from a summer's vacation spent in En land and Ireland.

ELEVENTH OR EASTERN DISTRICT.

The Eleventh District Medical Society, together with tl Anderson County Medical Society, held its semi-annual se sion at Palestine, September 8th and 9th. The meeting w called to order by Chairman Dr. E. W. Link, followed wit the invocation by Rev. Kilgore. The welcome address w given by Mayor Hearne and responded to by Dr. Sam I Burroughs, of Buffalo, who gave a short history of medic organization dating back to Hippocrates up to the prese time. Dr. Booth, of St. Louis, was made an honorary mei ber of this society with all privileges.

TUESDAY.—AFTERNOON SESSION.

Papers: *"Septic Infection of the Extremities and Its Trea ment,"* E. E. Guinn, Jacksonville; *"Surgical Treatment Retro-Displacements of the Uterus,"* with demonstrations, Jn T. Moore, Galveston; *"A Plea for Conservatism in tl Surgery of Accidents,"* W. C. Lipscomb, Crockett.

At the evening session Dr. D. S. Booth, St. Louis, delivere an address upon *"The Elixir of Life,"* after which the fc lowing officers were elected: President, W. P. White, He derson; Vice President, E. B. Parsons, Palestine; Second Vic President, E. B. Strother, Jacksonville; Secretary-Treasure J. B. Ramsey, Forest. After the business meeting a banqu was held, at which a very enjoyable time was spent by a present.

WEDNESDAY SESSION.

Dr. E. W. Link presented three cases of club feet in o family, the oldest child of which was operated on with exce lent results. Dr. Hathcock presented a case on which D Booth made a few remarks, stating that it was a local co dition of the ulnar nerve. Dr. Hathcock also presente an interesting heart case. Dr. Link presented an i teresting case of *"Tuberculous Knee,"* giving a history the same. Dr. W. W. Samuell, Dallas, read an interestir paper on *"Eighty-five Cases of Hernia Operated on b the Bodine Method, Without Recurrence and Without Su puration."* *"Fibroma Molluscum, With Report of Case,"* F. Littlejohn, Palestine; *"Importance of Complete Gastric Anal sis in the Treatment of Indigestion, With a Summary of Si ty-five Cases,"* Albert Woldert, Tyler.

The next meeting of this society will be in March, at Hei derson.

TWELFTH OR CENTRAL TEXAS DISTRICT.

The Bell County Medical Society met at Belton, September d, with fifteen members present. Refreshments were served e visiting doctors by the Belton physicians. Four interest- g papers were read and discussed. One new member was ected to membership, and application for membership made two.

The McLennan County Medical Society met at Waco, ugust 4th, with ten members present. The following pro- am was presented: *"Municipal and State Control of Con- mptives,"* R. F. Minnock, Waco; *"How to Prevent the read of Consumption,"* W. O. Wilkes, Waco; *"Diagnosis d Treatment of Consumption,"* R. E. Conger, China Springs. r. W. O. Wilkes, of Waco, was elected to represent the Mc- nnan County Medical Society at the Tuberculosis Congress Washington, D. C., September 21. The following resolu- on was adopted at this meeting:

Resolved: That the McLennan County Medical Society requests the nator and Representatives of this county to use their best efforts to cure legislation which will repeal the present laws requiring that sane patients shall be tried before a jury of laymen to pass on ques- ons of sanity, or insanity; and also, the consequent placing of insane tients in the county jails until accommodation can be had in the ylum.

And also requests that suitable laws be passed creating a Medical oard which shall have power to pass on all such cases, and after this oard has adjudged them insane, we request that laws be passed hich will insure humane care and proper treatment until they can be nt to the asylum.

We further request and ask that the Senator and Representatives of is county use their influence and support for the passage of the pro- sed "Tuberculosis Sanitarium Bill," which means the establishment d maintenance by the State of a sanitarium for the care of indigent berculous patients.

The McLennan County Medical Society met at Waco, ptember 1st, with twenty members present. The program as as follows: *"Abortion, With Report of Case,"* J. D. Love- ce, Speegleville; *"Diagnosis and Treatment of Consump- n,"* R. E. Conger, China Springs; *"Ileo-Colitis,"* J. W. Gid- y, West; *"Infant Feeding,"* S. E. Shelton, Waco.

District Personals.—Drs. J. F. and Laura Beckmeyer, of a Grange, have returned home from New York, where they ent two months in post-graduate work.

Mildred, the twelve-year-old daughter of Dr. O. I. Halbert, Waco, is unable to walk on account of injuries received hile at Quintana.

FOURTEENTH OR NORTHERN DISTRICT.

The Cooke County Medical Society met at Gainesville, ptember 8th, with eight members and two visitors in at- ndance. Papers: *"Renal and Vesical Calculi,"* J. E. Gil- eest, Gainesville; *"Diphtheria and Tracheotomy, With Re- rt of Case,"* C. L. Maxwell, Myra. Both papers were freely scussed.

The Denton County Medical Society met at Denton, Sep- mber 7th, with thirteen members present. The following pers were presented: *"Placenta Previa,"* M. D. Fullingim, rgyle; *"Heart Stimulants,"* A. E. Wharton, Garza; *"Report a Case of Operation for Obstrueted Hernia,"* J. M. Inge, nton; *"Transverse Position With Treatment,"* W. C. Kim- ough, Denton; Clinic on *"A Case of Compound Fraeture of rearm,"* Geo. D. Lain, Sanger.

The Ellis County Medical Society met at Waxahachie, Sep- mber 8th, with an attendance of seventeen. Visitors: Drs. M. Martin, Dallas, and Geo. D. Bond, Fort Worth.

Program: Interesting clinics were presented by Dr. T. H. neatham, of Italy; Dr. O. P. Sweat, of Waxahachie, and Dr. . D. Boyd, of Waxahachie. Dr. Z. N. Thornton, of Forres- n, reported a case of high delivery with forceps, it being the teenth child and the thirteenth case of eclampsia. *"The mmer Diarrheas of Infants,"* Dr. L. H. Graham, Boyce; *"The Value of the X-Ray as a Diagnostic Agent with Skia- aphic Illustrations,"* Dr. T. M. Martin, Dallas; *"The Pres t Status of X-Ray Therapy,"* Dr. Geo. D. Bond, Fort Worth.

The Fannin and Lamar County Medical Societies met in int session at Paris, September 3rd, with fifty members esent. Papers: *"Reflex and Involuntary Action—What e They?"* H. H. Leeman, Windom; *"Fever,"* A. J. Rush, ris; *"Puerperal Eclampsia, With Report of Cases,"* C. R. uckaby, Roxton; *"Syphilis,"* W. D. Cross, Paris. A reso- tion was presented and adopted requesting the newspapers t to publish the names of physicians in connection with any professional work, surgery calls, etc. After the meeting a Dutch luncheon was served, which was greatly enjoyed by all.

The Grayson County Medical Society met at Denison, September 9th, with fourteen members present. A paper on *"Typhoid Fever"* was read by Dr. R. May, of Whitewright, followed by an interesting discussion on *"Autointoxieation,"* after which a delicious luncheon was served.

The Hopkins County Medical Society met at Sulphur Springs, September 2nd, with six members present. *"Maternal Impression on Fetus in Utero,"* W. C. Stirling, Sulphur Springs; discussion of case of a child of twelve with ankylosis of the elbow joint from an injury of a month's duration.

The Van Zandt County Medical Society met September 4th, at Wills Point, with nine members present. Papers: *"Serum Therapy,"* J. R. Maxfield, Grand Saline; *"Malaria and Its Treatment,"* M. L. Cox, Canton. Both papers were discussed by all members present.

District Personals.—Dr. C. Lipscomb, of Denton, in getting off of a street car, was thrown to the ground with such force as to confine him to his bed for several weeks.

Dr. T. W. Crowder, of Sherman, returned from Chicago, September 1st, where he attended the clinics.

Dr. and Mrs. Kent V. Kibbie, of Fort Worth, have returned home from a month's visit in Chicago and other Northern cities.

Dr. and Mrs. G. V. Morton, of Fort Worth, have returned home from a trip to Virginia.

Dr. E. J. Beall, of Fort Worth, has returned from a Northern trip.

Dr. Bacon Saunders and wife, of Fort Worth, spent six weeks in Canada.

Dr. W. A. Duringer, of Fort Worth, has just returned from a month in Minnesota.

Dr. C. M. Rosser, of Dallas, spent several weeks at Rochester, Minnesota, and Chicago.

COUNTY SOCIETIES.

NEW TEXAS MEMBERS OF THE A. M. A. FOR AUGUST, 1908.

Bevil, J. R., Batson.
Carpenter, D. A., Rhome.
Coffin, J. W., El Paso.
Hendricks, C. M., El Paso.
Lindsey, L. A., Whitt.
Sinks, E. D., El Paso.
Wheeler, F. B., Tilden.
Wright, Marcus O., El Paso.

CHANGES OF ADDRESS FROM AUGUST 25 TO SEPTEMBER 25.

Jos. R. Lay, from Hallettsville to College Station.
V. D. Thomas, from Manor to Matagorda.
J. K. Castleberry, from Alazan to Balbert.
J. M. Wolfe, from Fort Worth to Channing.
J. H. Eargle, from Carlton to Gustine.
Chas. H. Breuer, from Austin to Cameron.
D. J. Mahon, from Fort Worth to Crowley.
Aleck Spencer, from Temple to Chicago, Ill.
Thos. Dorbandt, from Lampasas to Galveston.
J. N. Stoops, from Estacado to Lubbock.
H. J. Germany, from South Bosque to Speegleville.
R. S. Jackson, from San Antonio to El Paso.
F. C. Coffey, from McKinney to Gose.
C. E. Hoeflich, from Brenham to Houston.
J. T. White, from Sulphur Springs to Sulphur Bluff.
R. L. Hargrave, from Sulphur Springs to Quanah.
W. E. Wisdom, from Jefferson to Hugo, Okla.

NEW MEMBERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS FROM JULY 1 TO OCTOBER 1.

Baylor County—Woodall, O. L., Goree.
Bowie County—Ridley, Lee W., Texarkana.
Brown County—Robinson, J. E., Brownwood.
Callahan County—Bailey, John H., Clyde.
Cass County—Allen, J. I, Bloomburg; Sheppard, Chas. F., Huffiness.
Clay County—Stripling, L. F., Henrietta.
Coleman County—Walker, M. G., Coleman.
Comanche County—Bell, E. M., Sidney; Green, E. M., Comanche; Nipper, W. W., DeLeon.
Cooke County—Presley, J. A., Woodbine.

Dallas County—Blair, J. C., Dallas.
Ellis County—Goddard, Geo. M., Boyee.
Foard County—Adams, W. H., Crowell; Cates, A. C., Crowell; Hill, J. M., Crowell; Kincaid, R. L., Crowell.
Goliad County—O'Quin, C. L., Weesatehe; Yarbrough, J. M., Goliad; Elder, N. A., Ander.
Grayson County—Priee, Chas. D., Whitesboro.
Hall County—Beck, C. C., Quail; Bowman, N. H., Memphis; Odom, J. A., Hedley.
Hardeman County—Ball, A. J., Quanah.
Hemphill County—Cole, Archie, Mobeetie; Hamm, E. F., Canadian.
Hill County—Ivy, H. T., Hillsboro.
Hopkins County—Thomas, H. R. Kenna, N. M.
Jefferson County—Taliaferro, W. F., Beaumont.
Johnson County—Cook, C. C., Keene.
Jones County—MeKinney. E. P., Stanford; Dobbins, Thos. C., Stamford; Girdner, W. H. Stith; Jones, A. M., Anson
Knox County—Smith, J. R., Munday.
Lampasas County—Calaway, J. D., Goldthwaite; Sorel, Frank, San Saba.
Nolan-Fisher County—Bloss, C. M., Roscoe; Young, J. W., Roscoe; Walker, J. H., Sylvester; Allen, R. R., Roby.
Smith County—Clark, J. Pat, Troupe.
Taylor County—Spickard, B. U., Audra; Rumph, E. P., Lawn.
Uvalde-Edwards County—Watson, Wm., Uvalde.
Victoria-Calhoun County—Smith, J. L., Victoria.
Webb County—Gongora, F. G., Laredo.
Wilbarger County—Prather, R. M., Vernon.

DEATHS.

Dr. W. C. Smith, who has for several years been in ill health, died at his home near Elgin, Texas, July 17, 1908. Dr. Smith was born in Meriweather county, Georgia, in March, 1831, and received his literary education at Starrsville Academy, graduating from the University of Virginia. In 1856 he graduated in medicine from the Nashville Medical College. He began the practice of medicine at Grantville, Georgia, where he practiced until 1880, then moving to Atlanta. He later came to Texas, residing first at Temple, then at Elgin, where he spent the remainder of his days. He was prominent in polities during the reconstruction days, serving as a member of the Constitutional Convention of 1867-1868, and was for four years a member of the State Senate. Later he was appointed United States Commissioner for the Northern District of Georgia, which position he held for a number of years, resigning to come to Texas. Dr. Smith took an active interest in medicine and attended his county society meetings as often as his health would permit. He was a consistent Christian and has left many warm friends to mourn his death.

Dr. A. Chamberlain, Bellevue Medical College, New York City, 1870, died at his home in Frost, Texas, August 23, 1908. Dr. Chamberlain was born in Shuqualak, Mississippi, in 1847, and was at one time a private in a Mississippi regiment of the Confederate Army. He came to Texas in 1875, locating at Raleigh, Navarro county, and has practiced his profession in several towns of this State, finally locating at Frost, at which place he praeticed until his death.

BOOK REVIEWS.

A Text-Book of Pathology. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth Revised Edition. Octavo of 977 pages, with 399 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00 net; Half Morocco, $6.00 net.

The present is the fifth edition of this standard work on pathology, which indicates in a measure the high regard in which it is held by the medieal profession.

This edition is somewhat larger than the last, but the general character of the work—that of a text-book for students and practitioners—is unchanged. A surprising feature of the book is the large amount of revision that has been done on most of the sections dealing with General Pathology. Especially is this so on the chapters concerning Inflammation, Immunity, and Animal Parasites, which have been extensively revised and somewhat augmented.

The book is nicely gotten up, and a strong point of its superiority over some other similar works is to be found in the straightforward, though not abrupt, manner in which the author brings his subject matter before the reader.

This edition is very profusely and accurately illustrate containing nearly four hundred illustrations, many of the in colors, and seven full-page chromolithographic plates. Th work is one of the most accurate, comprehensive and reliab pathologies ever issued, and we can heartily recommend to students and the medical profession in general.

Glimpses of Medical Europe. By Ralph L. Thompson, M. D Professor of Pathology, St. Louis University Scho of Medicine. Illustrated from photographs an drawings by Tom Jones, Philadelphia and Londo J. B. Lippincott Co., 1908.

This is one of the most delightful and instructive litt books ever written on medical Europe. The basis of t volume is a collection of letters written the *St. Louis Me ical Review* while the author was traveling through the co tinent. There are chapters on Copenhagen, Stockholm, Upsl St. Petersburg, Berlin, Vienna, Paris, London, Liverpool, et The work abounds in the brightest and most wholesome an amusing descriptions of the writer's impressions of the cou tries, customs, physicians, surgeons, laboratories, hospita etc. His description of the American Medical Association Vienna, the Anglo-American Medical Society of Berlin, t list of medical courses for Americans in Berlin, the descri tion of European hospitals and universities all furnish i valuable information to those contemplating medical stu abroad. As an example of his style, he says: "At home, sandwich is a sort of lottery at best. It looks the same fro both sides. Whatever may be within is left for faith to di cover, but the Scandinavian sandwich is open-faced. The is nothing about it to be ashamed. First is the delicious sliced piece of bread; next a generous smoothly laid lay of sweet Danish butter, and above all a thin, appetizing sli of meat or fish or cheese, or what not. When I get back am going to agitate the raising of the lid from the Americ sandwich." We advise every doctor who desires to get a r treshing glimpse of our European brothers, and to enjoy few delightful hours, or European information, to secure th book.

Obstetrics—A Text-Book for the Use of Students and Pract tioners. By J. Whitridge Williams, Professor of O stetries, Johns Hopkins University. Seeond enlarg and revised edition. Handsome octavo of 950 pag with sixteen plates and six hundred and sixty-six lustrations. New York and London: D. Applet and Company, 1908. Cloth, $6.00, net.

Although the present volume is only the second editio and this work is a comparatively recent one in the field, t reception that has been accorded it has served to sustain t opinion of early reviewers. In this edition the author h added sections upon the Metabolism of Normal Pregnanc Vaginal Caesarean Section, Pubiotomy, and Contractions the Pelvie Outlet; in addition to rewriting the chapters up the Development of the Ovum and upon the Toxemias Pregnancy, the entire book has been thoroughly revised at t same time, and minor changes and additions have been ma in every chapter. These have necessitated increasing t size of the book, but this is expected to be compensated f by the inereased usefulness resulting therefrom.

The text contains more than six hundred and fifty illu trations, together with sixteen full-page plates. One of t distinetive features of the book are the drawings and di grams illustrating labor and its mechanism for the mo part representing the woman on her back, thus affording closer correspondenee with the actual eonditions encounter in praetice. This book is one of the most, if not the mo scientific and practical treatises on Obstetrics. It covers t field completely, is one of the most attractively illustrat books on the subject, and deserves a hearty reception by st dents and practitioners of obstetrics everywhere.

BOOKS RECEIVED.

General Surgery. Lexer-Bevan (D. Appleton & Company

Biennial Report of the Board of Health of New Orlean 1906-1907.

Fourth Annual Report of the Henry Phipps Institute.

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
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VOL. IV. NOVEMBER, 1908. No. 7.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Professional Estimate of the Work of the xamining Board.—Our new medical law has een effective for about three months. This is time r professional sentiment to begin to crystallize. As rule, we find the busier the practitioner and the less s information, the stronger is his criticism of the oard. The less the physician has indulged in sec- rian medical strife, the wider his information of nditions and statutes in other States, of the com- exity and weakness of our own former medical laws, the widely different practice of our medical exam- ing boards, the more he appreciates the work of our w Board. Criticism not alone arises from the Regu- r profession. The Homeopaths in some quarters are nphatic in their denunciations. Their representa- ves, Drs. Crowe and Mitchell, are strong characters. hey have proven valuable men in the work of the oard. They represent the liberal and progressive ele- ent in the Homeopathic school, which probably ex- ains the objeetions of the ultra-sectarian element. A itical spirit among the Eclectics is less noticeable but less actual. Their representatives, Drs. Rice and aniel, have been useful men, of strong convictions d liberal views. Dr. Rice is said to be one of the ost scholarly men on the Board, and the recent elec- n of Dr. Daniel to the secretaryship is good evi- nce of his satisfactory qualifications. Dr. Bailey, the steopathie representative, is said to have been con- rvative and in sympathy with the views and aims of e mass of the profession. Dr. Braswell, the Physio- edical representative, has been one of the most active en on the Board, and a better selection could hardly ve been made from his school.

The principal objection that can be brought against e Board is that it has used too liberally its discre- nary power. It has licensed many who were legally barred by one technicality or another. In all cases here this was done, the physician was known to be ualified and in the highest exercise of justice to be titled to license. The Board never issued licenses here the applicants were known to be unworthy. t of some five hundred refused license, the official action has been so carefully considered that in the four months since the law became effective only three suits have been tried in the courts. The self-interests of the schools represented introduced into the Board's deliberations compromise measures more or less distasteful to all, but of no vital importance. Most of the differences arose over individual cases, which, so far as the future is concerned, are of no moment. The work of the Board has been tremendous. About 7000 records have been investigated in eight months, and certificates issued or refused.

The new law transforms the outlook of Texas medicine. Applicants to practice must now be graduates; all practitioners must be enrolled in the district clerk's office of each county, such registration being *prima facie* evidence of the right to practice and easy of access; illegal practitioners can now for the first time be dealt with by the courts; school standards of professional qualification have been abolished and one standard of scientific medical information established; honorary or illegal issuance of licenses is now a practical impossibility; all medical students must hereafter obtain student's certificates of preliminary educational proficiency before beginning the study of medicine; medical schools may now be inspected and required to meet legal standards; and, lastly, a rapidly increasing reciprocity with other States is being established. There is probably no medical law in the United States that promises to produce more satisfactory professional conditions. The recognition of these facts will make it impossible for the medical profession of this State to allow personal and technical matters to overshadow the great and far-reaching work of the present Board of Medical Examiners.

Needs of the Board.—Any one denied license by mandamus may have the court pass upon the case. As large a variety of cases may be filed as there were causes for refusing license. If the suit involves merely an individual, it is of little interest; indeed, in some cases it is best to let the court assume the responsibility. In other cases, legal questions are in-

volved which, when passed upon by the higher courts, decide the constitutionality of the law or its interpretation, sufficient to cripple its efficiency. Some of those men refused license have friends and wealth. They are able to create much sentiment in their favor and employ the strongest legal talent in the lower and the higher courts. These cases are tried before judges with varying opinions, who have made no special study of health legislation, the police power upon which its authority rests, or the decisions of other State courts on laws almost identical with our own. The Board finds itself dependent upon county attorneys of uncertain zeal to fight its case. The Attorney General's office, already overburdened with work, lends its temporary assistance when called upon. In addition, the Board finds its meager funds, obtained from verification and examination, liable for the costs of the court when the opinion is adverse. Two cases, involving the fundamental interpretation of the law, it is said, are soon to be carried to the Court of Civil Appeals. The fate of the medical legislation, which has cost so much to the profession and the Board, will there be determined. Before these courts the Board feels that it should be able to command the services of the best legal talent to present the most scholarly and exhaustive opinion, and secure the broadest and best interpretation of what we have reason to believe is a good and just law.

Attitude of the Association Trustees.—In such a crisis, the Board of Medical Examiners turns to the people for help, and especially to the medical profession, which best understands the need of public health protection. The Board has made no official appeal to the State medical associations, but the representatives of the various schools on the Board have appealed in person to their respective association officers. Our Trustees were asked for a thousand dollars to employ counsel for the Board. They have given the subject earnest consideration, and, while they recognized the importance and necessity of help for the Board, they have refused to make the appropriation requested. The grounds seem well taken. They believe that this is not a fight of legalized doctors in the associations against unlegalized doctors outside of the associations. It is the fight of the whole people for self-protection. The medical profession led the people to pass their own laws through their own Legislature. A law was put on the statute books whereby every county could protect itself from unqualified medical attendants. It is every county's duty to enforce all its own laws. Before the higher courts, the Attorney General's aid should be invoked. If more aid is needed, the medical profession should only lead the people in protecting the law as it did in helping them to obtain the law. The Board is not a creation of the medical profession, but is appointed by the Governor and answerable to him and the people. The Boa never refers matters to the medical associations. Me cal associations are not responsible for wise or unwi actions of the Board, and should not be called up for aid in justifying its acts. An attorney paid medical associations to fight illegal doctors places t Board in a false light, and jeopardizes the cause of t people by the appearance of medical persecution. It believed that many physicians in all schools will n be willing to subscribe money for the general leg uses of the Medical Examining Board who would wi ingly give money to support the constitutionality the law. Again, the Trustees believe that in so que tionable and important a matter, the House of Del gates is alone sufficient to authorize such an appropr ation, involving as it does a sum which is calculat to temporarily embarrass the work of the Associatio already undertaken.

Fund for Enforcement of Public Healt Laws.—In a nutshell, the Trustees have refused to u Association money to support any action of the Boar If money is needed to support the law, it should l raised from the whole people, and administered by public-spirited committee of both medical and non-me ical men. The Board proposes that the State Medic Association of Texas begin the subscription of a $15(fund for the enforcement of public health laws; that th President of the Association appoint a committee of thr from professional and business ranks to administer th fund and to furnish necessary legal assistance to pro erly interpret and enforce the public health laws of th State. If the Board of Medical Examiners needs suc help, an appeal including a definite outline of issu involved in each case should be made to this commi tee. If suits involve immaterial questions, are mere to protect the Board, support its judgments or inte pretations, the fund would not be used. If issues vit to the usefulness of the law are involved, aid would l extended to a definite end and by an organization th would not jeopardize the interests of the Board ar of the people. Interpretation of the Medical Practi Act is but one example of legal assistance necessary uphold the health laws of the State. The legal fias when State Health Officer Brumby recently arrested man for openly, flagrantly and insistently violating th law covering passenger coach sanitation, and wh escaped conviction, shows the need of legal assistan in other fields. To this end, we call upon the medic profession of the State and all interested in the publ health to subscribe to this fund. The names of sub scribers will be printed monthly in the subscriptio list found in another column. It is imperative tha this fund be immediately subscribed.

The Texas Tuberculosis Exhibit.—We had made preparations to have a report of the International Tuberculosis Congress at Washington. The report proved too big an item to sum up in the brief space at our disposal. Judging from the enthusiasm brought back by our delegates, it is altogether the biggest thing that has ever happened in a medical way in America. About a hundred Texas representatives were present, sixty-five of whom were in Dr. Brumby's health officers' party. Texas had the largest delegation of any of the States except New York, Pennsylvania and Maryland. Texas also furnished one of the largest subscription lists for membership and transaction privileges, and thus did a lion's share in the support of the Congress. In our news columns will be found as accurate a list as we can obtain of Texas delegates who were present. We also quote a breezy artiele from the *Washington Herald.* State Health Officer Brumby and Assistant State Health Officer Carrick went after everything in sight which would help Texas. Although a dozen other States had requested it, the New York tuberculosis exhibit was secured from the National Association. This is one of six traveling exhibits which visited the towns and cities of New York. It was probably the best American exhibit shown in Washington. Both the army and navy exhibits were also secured and are now on exhibition at the Dallas Fair. The display fills a large room in the Exposition Building and is in charge of George Nolbach, who has had charge of a similar exhibit in New York for several months. The walls are lined with diagrams, charts and mottoes, X-Ray enlargements and photographs. A fine collection of photographs is furnished by the United States Naval Hospital at Fort Lyon, Colorado, and by the United States Army Hospital at Fort Bayard, New Mexico. The exhibition is increased by a number of tuberculosis specimens from the University of Texas. A large phonograph delivers in a loud and distinct tone a little common-sense lecture on "How Tuberculosis is Contracted and How it is Cured." With the exhibition is a stereopticon and 400 educational slides which can not be used on account of the lack of space. This collection should be exhibited in every important center in Texas. Arrangements can be made to secure it by addressing Dr. L. B. Bibb, Secretary, Austin, and arranging for the transportation and operating expenses. Several Texas cities have already arranged to secure the collection. The Dallas Fair Association paid the transportation charges to Texas, and the exhibition has proven to be one of the most noteworthy attractions ever shown at the Dallas Fair. The newspapers of the State have freely commented on it, and the *Dallas News* for several days contained the opinions of leading men on its value as an educational factor. Dr. L. B. Bibb, of Austin, Secretary of the Texas Anti-Tuberculosis Association, has sent to each of the 1600 delegates appointed to the International Congress a letter and card requesting a subscription of $1.00 to bear the expense of exhibiting this collection, and to carry on an anti-tuberculosis campaign in Texas. We trust the profession and laity will liberally respond.

Revision of the Pharmacopeia.—The committee appointed by the American Medical Association, on recommendation of the Board of Trustees, to arouse interest in the revision of the United States Pharmacopeia, is sending invitations to the various societies to appoint delegates and to solicit correspondence pertaining thereto. The passage of the National Pure Food and Drugs Act has made the Pharmacopeia a legal standard in the United States. The recent investigation of new and non-official remedies makes it exceedingly desirable that the most valuable ones should be included in the Pharmacopeia, in order that the official standard should be as complete as possible. The questions to be raised are such as these: What undoubtedly useful drugs do you prescribe not now contained in the U. S. Pharmacopeia? Why should they not be contained in the next revision? What should be omitted from the Pharmacopeia? Are there not mixtures of drugs now in the Pharmacopeia which belong more properly to the National Formulary? Are the average doses satisfactory?

The Chairman of the Committee on Revision, Professor Remington, will be glad to receive correspondence and suggestions from any of the medical profession. He has pleaded for years for its active co-operation, given hitherto in but small measure. Ample provision for representation of physicians is made in the Constitution of the U. S. P. Convention. The attitude of the medical profession toward this matter has been one approaching indifference. In 1900, but fifty-seven medical societies and schools appointed delegates, and of these but ninety-five attended.

The United States Pharmacopeia should be the therapeutic guide for physicians. We have in the State office a Physician's Manual of the United States Pharmacopeia and National Formulary, which sells at 40 cents. It furnishes a resume of the work, and can be carried in the pocket or placed upon the desk for easy reference. To physicians who have been accustomed largely to prescribe proprietaries, reference to this little work will be a revelation. It contains practically every drug that a physician needs. When specified, the purity and strength of the remedy are definitely prescribed. There is an absence of guess work, of unknown composition, and exorbitant charges for cheap articles, which dangers are inherent in the prescription of proprietaries. The State Medical Association of Texas desires to place a copy of this Physician's Manual in the hands of every practicing physi-

cian in Texas. We will furnish them at cost, 40 cents, and a few copies injured by water in our recent fire at 25 cents.

Public Instruction Work.—The exposure of drug frauds and the numerous popular articles on medical, sanitary and hygienic subjects in our magazines and newspapers are evidences of unusual interest in health matters. The advances in bacteriology and pathology have been so great that, without special instruction, the laity are unable to appreciate and take advantage of what may be called scientific medicine. The lay press has been commendably active in this work. The medical profession is the natural agent to foster and direct this movement. The 1907 House of Delegates of the American Medical Association appointed a Board of Public Instruction in Medical Matters. Dr. John G. Clark, of Philadelphia, is President, and Dr. R. Max Goepp, of Philadelphia, is Secretary. One of the most important duties of this committee will be the organization and development of a system of popular medical lectures, systematic publication of popular medical articles, traveling exhibits, etc. Dr. Clark, the chairman of the committee, in his report to the last House of Delegates, proposed that these be given directly under the auspices of the A. M. A., and through the State and county medical societies. The plan has been tried in some of the cities of this State and proved of great value. The presidents of State and county societies are requested to appoint a Committee on Medical Publicity to immediately co-operate with the National Board of Public Instruction.

State Efforts for National Health Department.—The last House of Delegates of the American Medical Association appointed Dr. J. N. McCormack, of Bowling Green, Ky., to represent the Committee on Medical Legislation before the Sixtieth Congress. He is sending a letter to every county society in the United States, asking for co-operation in the education and election of future Congressmen. He issues an appeal in these words:

"A special resolution was adopted by the House of Delegates by which I was directed to represent the Committee on Medical Legislation at its request during the second session of the Sixtieth Congress. This will be worth while only on condition that county societies everywhere can be induced to bring their influence to bear at once on the candidates for Congress of both political parties in every district. In a large per cent of these districts, as is true of nearly every one of them in Kentucky, the vote is sufficiently close that a properly organized profession can control the result, and the time has come for this influence to be exercised. It will be the more powerful because used in direct conflict with every selfish interest we might have. No one is fit to represent an intelligent constituency in Congress, or to hold any other public office who has not sense enough to understand the importance of what we are trying to do, and that the health and lives of women and children are at least as important as that of hogs and sheep, and we should be far more interest in this than in any mere party question or the success any individual candidate. The average politician has a pr found respect for the organized vocations which can contr votes, in which ours should be second to no other, and w owe it as a sacred duty to humanity, quietly and with th dignity befitting such a calling and work to exercise thi power to its full extent.

"In this connection there is another matter which it important that county societies should understand, and abou which candidates for Congress should be fully advised. resolution is pending before Congress authorizing the Pres dent to investigate and readjust the bureaus in all of th departments, with the view to more coherent and effectiv service. It is thought by some that with a proper groupin and classification of all of the existing scientific bureau making investigations and performing duties having a kin ship to what we have in mind, such a department or sub departments as we desire might be created with little, if any additional legislation or expense.

"Arrangements are being made for the conference of head of departments and bureaus indicated above, and the resul of this will be given to the profession before the meeting o Congress. In the meantime, it is urged that each county society in the United States hold a meeting as early as prac ticable and appoint active but judicious committees, one fo each of the great political parties, to secure an expression o opinion from each of the candidates which may be read to th society in advance of the election, and that a copy of such resolution and the names and addresses of the chairman o each committee and of the candidates for Congress be for warded to me at Bowling Green, Ky. I will know wha can be accomplished at Washington just as soon as I can learn the interest county societies are taking in this work."

The Physicians' Attitude on an Optometry Law.—We have already noticed in these columns the Optometry law which has been prepared by the opticians of Texas for introduction in the next Legislature Physicians have been approached in various parts o the State and some of our thoughtful and capable oculists have given the movement their approval. An editorial in the *Ohio State Medical Journal* for August states that this bill was approved by the Section on Ophthalmology and Otology of the Ohio State Medical Association and as a result the Committee on Public Policy and Legislation was placed in an extremely embarrassing position by what appeared to be a division of professional opinion. There seems to be a concerted plan on the part of optometry schools and their graduates to solicit aid from the medical profession, as far as possible, and introduce similar bills in nearly every State. The purpose of these bills is to limit the optical business to graduates of "optical schools" and to open the way for unqualified persons to enter an important branch of the medical profession. When licensed they become "doctors," customers are known as "patients"; the public has no way of knowing the difference between qualified oculists and opticians and accept them as qualified to treat diseases of the eye. The law by a two to four weeks' course in an optical college turns merchants into professional men dealing with some of the most exact and important work of

the medical profession. The physicians of this State should be careful not to endorse such measures without investigation. We urge a careful reading of the article in our miscellaneous columns entitled "A Protest Against Optometry Legislation," prepared by the attorney of the "mechanical" Opticians' League in opposition to the proposed legislation of the "professional" opticians.

Sewers at the Dallas Fair.—After attending the tuberculosis exhibit at the Dallas Fair, physicians are impressed with the striking antithesis of open sewers. The toilet accommodations for men are nothing but the crudest and most exposed forms of cesspools. These places teem with flies and are only a hundred yards or so from the various eating stands and dining rooms. With the multitude of visitors there are certainly a considerable number infected with tuberculosis, dysentery, typhoid fever, epidemic jaundice and other infectious gastro-intestinal conditions which can be borne by flies and other insects. The fair could thus be a great disseminator of epidemics throughout the State. Our health authorities should call the commissioners' attention to this, so that another season the sanitation of the grounds may be improved.

State Board of Examiners Notes.—In the list of successful candidates at the Waco examination, published in the September STATE JOURNAL OF MEDICINE, the name of Dr. J. S. Hooper, of Rome, N. Y., a graduate of the University of Buffalo, should have appeared. His passing grade was 91.6. Since the election of the new Secretary of the Board, Dr. M. E. Daniel, of Honey Grove, the following physicians have received certificates upon reciprocity:

Clarence T. Starker, Detroit College of Medicine, certificate of Michigan State Board; intended residence, El Paso.

W. H. Benway, Washington University, St. Louis, certificate of Missouri State Board; present residence, Deepwater, Mo.

Frank J. Dingeman, St. Louis University, certificate of Missouri State Board; intended residence, El Paso.

Herman B. Kingsbury, Physicians and Surgeons, Chicago, certificate of Illinois State Board; present residence, Chicago.

James P. Simonds, Rush Medical College, Chicago, certificate of Missouri State Board; present residence, St. Louis, Mo.

Prentice M. Bristow, University of Tennessee, certificate of Kentucky State Board; intended residence, Hale Center, Texas.

Franklin Fiske, American School of Osteology, certificate of Wisconsin State Board; intended residence, Dallas.

John J. Trible, Missouri Medical College, certificate of Illinois State Board; intended residence, Dallas.

From the 12th of July to the 20th of August, about one hundred applications were made to the Board for verification license by physicians who were too late to take advantage of the new law. Since that date sixty more have made application.

Drs. C. H. Bull and M. T. Banaswitz, who had been refused verification licenses, petitioned the Board to the effect that they had no control over the advertising features of the institution with which they had been connected, and presented affidavits that they would do strictly ethical business in the future. Upon this evidence the Board issued these plaintiffs verification licenses, plaintiffs paying for costs of suit filed in Fort Worth.

The next State Board meeting will occur in Dallas, November 10th. At least one-half or two-thirds of the applicants will be physicians who failed to verify within the proper limits of the law.

ORIGINAL ARTICLES.

(a) INTRA-ABDOMINAL ADHESIONS; (b) CAN WE DIAGNOSE FOREIGN SUBSTANCES IN THE APPENDIX?*

BY

BACON SAUNDERS, M. D.,
FORT WORTH, TEXAS.

A. INTRA-ABDOMINAL ADHESIONS.

Adhesions in the abdomen are not only interesting, but often perplexing to the working abdominal surgeon. This interest pertains both to diagnosis and treatment. They are met in the dual role of causing operations to be performed and in many instances are important factors in causing some of the most disagreeable and dangerous post-operative complications.

Next to infection, and its immediate disastrous consequences, adhesions of all kinds are the abdominal surgeon's *bete noir*. After the primary effects of infection have passed, they are the chief and most dangerous ultimate results of any intra-abdominal infection. Next to the natural defensive powers of the tissues these adhesions are the strongest protection against the extension of abdominal infections, so that, while under certain circumstances they may be considered the surgeon's trusted ally, under others they must be looked upon as a lurking and ambushed foe. At times they are defensive and protective in the broadest and best sense; at others they are in their final results not only not defensive, but most destructive. Indeed, they may often be not inaptly likened to the defenders of a citadel that after the first charge of the enemy has been repulsed, turn their guns upon the citadel and destroy it.

Adhesions are always the expression of an effort on the part of nature to ward off or minimize the damage of infection at the point indicated by the adhesions. Once having put her forces to the task of defense building, nature either does not know herself how high and strong to rear the bulwark or else has overmuch confidence in her ability to level and remove the debris after the battle is over. In not a few instances she does remove every evidence of the conflict, leaving no scattered munitions of war or mutilated soldiers on the battlefield. It is then we exclaim with enthusiasm what a wonderful surgeon *nature* is and what great campaigners are the leukocytes and the other natural defenders of the body. *Vis medicatrix natura* is henceforth the slogan, but, as a trusted medical monitor of mine in bygone days was wont to say: "When nature does make a mistake she rarely fails to make a big one."

If the adhesions are not removed they are sure to do harm—just how much will depend on their location and extent and the nature and the importance of the function of the organ or organs involved in the adhesions. If the organ has no vital function its entire immolation in the defensive extension of adhesions is of little or no consequence so far as the life of the individual is concerned, unless neighboring viscera are implicated. Doubtless many an appendix and not a few gall-bladders have been thus destroyed and with nothing but good to their quandom owners. Yet many other

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

equally promising attempts to eliminate and render harmless at the time, and for all time, these quasi organs and useless legacies of our ancestral physical and possibly social conditions, are followed by the most far-reaching and disastrous results. With the former good effects of abdominal adhesions the surgeon has no quarrel. He is always ready to recognize in them an oft needed and trusted ally. As such we salute these "good" adhesions and turn our attention to a brief consideration of the other kind or "bad" abdominal adhesions.

It may be stated as a truism, so far as the present inquiry is concerned, that where there has been no traumatism, no inflammation or no infection, there are no adhesions. Consequently, the first symptom of abdominal adhesions is the history of such injury or infection and the probability of their presence will be in direct ratio to the severity of the traumatism or infection.

The next most important symptom is interference with or suspension of the function of the viscera involved, particularly after the primary effects of the injury or infection have subsided. Pain, aggravated by the performance of the function of the organ or organs concerned in the adhesions and comparative freedom from it at all other times, is of the greatest diagnostic significance. Indeed, so important is pain in the diagnosis of intra-abdominal adhesions that the conclusion is entirely justifiable that in the absence of pain there are no adhesions, in so far as the necessity exists for surgical notice. The only qualification to this statement is where both the pain and disturbed function are referred to other organs having the same nervous supply, the consideration of which would call for discussion of reflex nerve action, a question too voluminous to be discussed here.

Careful consideration of the symptoms enumerated will give a safe working diagnosis of adhesions in the abdominal cavity; its surety will depend in large measure on the clinical experience and ability to obtain an accurate history of the case and assign the proper value to every detail of symptom that is possessed by the observer.

The prognosis in the variety of adhesions under consideration is always grave and ranges all the way from dangerous to fatal. The results will be serious when they interfere in a partial manner only with the action of organs whose functions do not concern vital processes, but interruption of which will disturb the coordinating of the whole system, or when by reflex other viscera on the same nerve circuit, are prevented from performing their physiological duty. The prognosis is necessarily very serious when the adhesions are so situated as to mechanically stop a vital process, whether this be one of secretion or excretion. So far as the results go it does not matter whether the elimination of effete materials is stopped or the discharge of those already excreted is cut off by the adhesions.

There is another danger from adhesions that is not given the weight to which in the opinion of the writer it is entitled. This is the general interference with the normal metabolism of all the tissues caused by minor degrees of adhesion between some of the abdominal viscera, giving rise to an indefinite but, nevertheless, often disastrous toxemia or autointoxication. Those who "pooh-pooh" this idea will, of course, not see it, for the simple reason that none are so blind as those who *will* not see.

By far the most important step in the treatment of this condition is prevention. The essential thing in th way of prevention is the early recognition of the cond tions that cause the adhesions and the prompt adoptic of that course of treatment best adapted to their relie In other words, to resort to those measures that wi restrict the evil effects of traumatism and in the spee iest and most certain way limit the infective proces of whatever origin, character or location. It is the la results of adhesions that are most particularly dange ous. They are nature's most efficient defense against a extending infection and the longer the infection pe sists, the denser and stronger the adhesions and th less the probability of their remaining harmless or bein entirely removed by absorption in the event the patie does not succumb to the primary infection. Witho a thorough appreciation of the gravity of the situatio no competent treatment will be instituted in the majo ity of cases and the result will be left entirely to the u aided efforts of nature.

Intra-abdominal traumatisms and infections are su gical conditions. Until they are recognized as suc they are not likely to get prompt and efficient trea ment. Not only is this true, but it is also true that a surgical treatment is not of the kind that is best ca culated to prevent adhesions or to remove those alread existing. This applies more often, perhaps, to the tim surgical aid is attempted, but candor compels the stat ment that it by no means rarely has to with the manne and skill of its use as well.

In this time of great multiplicity of surgical endeav some fearful and wonderful things in the way of diag nosis and technique are done in the name of surgery Such work not only does not prevent or relieve adh sions, but actually increases them in number, exter and evil consequence. This is one of the serious afte effects of a great deal of the ill-advised and poorl executed surgery of the day. So far as we know proper surgical technique at the right time to cure th infection is the only effective treatment for intra abdominal adhesions. A correct technique at an oppo tune time may cause them; an unskillful, bungleson operation done after a correct diagnosis and in ampl time, is almost sure to fail in its purpose and intensif the trouble.

The only protection the patient and the surgeon hav against that most unfortunate and humiliating form c intra-abdominal adhesions known as "post-operative ad hesions" lies in the perfection and skill of a timel operation. Operations for old dense adhesions do no always by any means give good results and are not to b undertaken by even the most skillful operators witho the most careful and conscientious consideration; b the inexperienced and unskillful, never, except und the most urgent and distressing conditions. A perfe technique *may* not remove the difficulty and a poor on certainly *will not*. To this the exceptions are so rar that they only serve to emphasize the truth of the con clusion.

B. CAN WE DIAGNOSE FOREIGN SUBSTANCES IN TH APPENDIX?

In the course of my regular work I have had occa sion to observe several hundred appendices, a great man of which contained foreign bodies of one kind an another. At times the appendix was found in all th various clinical conditions, acutely inflamed, suppura tive, gangrenous, perforative, and almost as often wit

none of the signs of an acute process of any kind. From this I came to the conclusion several years ago that these substances probably always give signs of their presence if we only knew how to read them.

This idea was suggested partly by observing some symptoms that might reasonably be attributed to the condition and partly by analogy from what we know of the behavior of other and similar organs under similar circumstances. If foreign substances in the gall-bladder, a somewhat similar organ in so far as anatomical structure is concerned, under conditions that are almost identical in all essential particulars, can give rise to a train of symptoms that are classical and easily recognized, the thought continually recurred, why should not like substances in a similar organ under like circumstances produce a like symptom complex equally easily recognizable.

A somewhat extended clinical observation with this idea in mind has only tended to strengthen the conviction that it is true. Be it understood that the observation applies to substances of all kinds that do not belong in the appendix and this, too, without any reference to such substances as causal factors in acute attacks of appendicitis in any of its varieties. Whether they are *post hoc* or *propter hoc* in such acute attacks is a question not under even incidental discussion in this connection.

As a result of the careful observation, above related, it is my belief that a close scrutiny of the history of every case of appendical complaint, together with a careful physical examination, will enable any really competent abdominal diagnostician to say with as much confidence that there are foreign bodies in the appendix as he could for similar reasons forecast the presence of stones in the gall-bladder. This is a strong statement, but it is no stronger than a like statement ten years ago with reference to differentiation between an acute attack of gall-bladder infection, or even sub-acute as to that matter, and the presence of gall-stones *per se* would have been regarded by most of the profession. Who questions the ability of any astute diagnostician to make the distinction now with a reasonable degree of confidence? Even so will it be with foreign substances in the appendix when the subject has been given an equal amount of thought and skillful attention. Hitherto we have had our mind so riveted on the main issue as to whether or not a patient had appendicitis that we have paid little or no attention to what may be called the finer points that go to make up a really discriminating diagnosis. It may be asked with some show of reason what is the good of such nice discrimination in diagnosis anyway? Why is it desirable to know there are gall-stones before they block the common duct, cause a perforation or an abscess? Why is it wise to tell there is a stone in the kidney before it obstructs the ureter and destroys the kidney, or any other condition that may bear even a minor relation to the production of a possible future explosion? The answer to one is justly if not equally applicable to the other.

What are the symptoms upon which the diagnosis can be predicated? There is absence of all cardinal symptoms of an acute attack of appendicitis except one and that is *pain*, which is markedly paroxysmal in character, the paroxysms recurring at varying intervals of short duration. There is no elevation of temperature or acceleration of the pulse unless the pain is unusually severe, when the pulse will be affected accordingly. The absence of vomiting, muscular rigidity and acute tenderness are very important diagnostic points. When the attacks are light very little attention is paid to them by the patient unless by their frequency he becomes alarmed and consults his family physician, who, with becoming gravity, feels his pulse, looks at the tongue, says soto voce "colic," with or without cramp, as the case may be, and prescribes a purgative, tells him to eat "imitation food" for a few days and lets it go at that. If the attack should be a more decided one and the medical adviser be called under those circumstances he mumbles indistinctly something that sounds like "threatened with appendicitis," gives a purgative, advises the same counterfeit diet and passes on.

The contention here made is that a close scrutiny of this patient's history and a careful physical examination will enable the physician to say to him, "you have a foreign substance in your appendix that is giving you appendical colic and the certain tendency of it is to cause an explosion sooner or later that will greatly endanger your life if not kill you outright."

I could detail the history of many cases to show the verity of the conclusion here drawn, but will not hazard your good will by thus trespassing on your time and patience. I will therefore content myself with a very brief mention of two cases only, because they illustrate so perfectly different phases of the subject:

Case 1.—H. S., white female, aet. 6; was referred to me September 22, 1906, by her family physician of a neighboring town. I ascertained from her mother, a woman of unusual intelligence, the following history: Several weeks before, while on a visit to Dallas for the day, the child was attacked by sudden pain in the abdomen, which was so severe that a physician was called. By the time he arrived the pain was gone, and the child seemed as well as usual. He examined her, however, taking her pulse and temperature and remarked that if she had fever and the pain had not disappeared so quickly he would have thought she was "threatened with appendicitis," and advised that she be kept quiet and await developments. By evening the child seemed so well that they went to their home, less than two hours by rail. Shortly after getting home the severe pain returned, and the family physician was sent for in haste, but did not get there for about one hour. When he came the child was comfortable, free from pain, and had a normal pulse and temperature. He was told of the other doctor's hint, but could find nothing in the child's condition to warrant it. These attacks continued to return and the doctor would be sent for post haste for several days, but never reached the bedside in time to see the child in a paroxysm. He was coming almost to the conclusion that the principal trouble with the child was a psychological one with the mother. On the above-mentioned date, however, he reached the house in time to see the child writhing in a severe paroxysm of pain, and, the train leaving for Fort Worth in forty minutes, he loaded the mother and child on it and telephoned me they were coming. I met them at St. Joseph's Infirmary and obtained the above history from the mother. I also learned from her that when the attacks came on the child would scream lustily for the hot water bag, at the same time drawing the knees upon the abdomen and always definitely designating the region of the appendix as the seat of pain, which lasted only for a few minutes, and when it left the child seemed perfectly normal in every way. When I first saw her, and during the time the mother was detailing the history to me, the child lay in bed and looked perfectly well and comfortable. There was no elevation of temperature, no acceleration of the pulse, the whole expression was bright and cheerful as any ruddy, plump, healthy six-year-old child. On account of the history I gave the abdomen a thorough but gentle examination. There was not even a suspicion of rigidity anywhere and no tenderness, except on gentle pressure directly on the appendix she admitted a slight soreness and as often as I returned to it located it in identically the same spot. I had hardly finished this examination before the girl began to scream with pain, cry for the hot water and go through all the antics her mother had described. That she was suffering violently was evident, as her face that was ruddy before was now blanched and white. In fifteen minutes she

was perfeetly easy without any anodyne whatever, and in twenty minutes was asleep. I gave it as my opinion that she did not have appendicitis, but did have appendieal colic due to some foreign substance in the appendix, and advised the removal of the appendix as a present relief and prophylactic against a probable perforation in the future. Operation the next day showed a perfectly normal appendix so far as macroscopie appearance went, but containing eight hard round fecaliths resembling small beads. The child never complained one time of anything after the operation.

Case 2.—J. D. C., white male, age 37 years, was brought to St. Joseph's Infirmary October 25, 1907, by his physician, a very competent and experieneed practitioner of a neighboring town, on account of paroxysmal pains in the abdomen of three weeks' duration and of such severity as to require the hypodermie use of morphin, some of the time as much as a grain and a half in twenty-four hours. He was a very large, stout man, and had previously been perfectly well. He never had any fever, vomiting, rigidity or acute tenderness at any time. The pain was so severe as to suggest renal colic, but on account of the absence of all the classieal symptoms of that disease except pain, it was exeluded. Appendicitis was also excluded on account of the absence of the eardinal symptoms. Other possible eauses of the pain were likewise ruled out except appendicular colie from a foreign substance. Operation showed a macroseopieally normal appendix containing a No. 6 shot in the lumen at the tip. He never had another pain and did not take another hypodermie after leaving the operating room.

DISCUSSION.

Dr. F. D. Thompson, Fort Worth, said he had had one case similar to that related by Dr. Saunders in which a foreign substance proved to be shot. The patient suffered almost constant paroxysms of pain. In another ease he found several large grape seed. He believes much ean be done for the prevention of adhesions by covering all abrasions with healthy peritoneum and by eareful manipulation. He denounced the praetiee of some physicians who attend eases of appendicitis and say that there may not be another attack. It is his opinion that there will always be a second attack. Believes every doctor who advises a patient not to have an operation is guilty of malpractice.

Dr. W. R. Smith, Colorado, related eases in which an adhesion following oophoreetomy eaused intestinal obstruction. Considers those adhesions very dangerous.

Dr. J. M. Inge, Denton, said there were other conditions which may cause the same symptoms. Has had a case with no elevation of temperature in which tumefaetion two ineles long was found. Has had two cases without the symptoms in which there was no elevation of temperature.

Dr. W. R. Blalock, Dallas, thonght the paper hardly required discussion. Does not believe we can aceurately diagnose a foreign body in the appendix. A foreign body in the distal end is very different from a foreign body in the proximal extremity. He related a case of a young man with pain in the region of the appendix, intense nausea with little fever for several days. Induration occurred in the right iliac region. The operation disclosed a coneretion as large as one's fist. In another ease—that of a little girl of 12—there were periodie attacks with little fever followed by a sudden rise of temperature, misinterpreted as a sudden perforation. At the operation the appendix was found bent and wedged behind the eecum causing spasmodic pain. Another young woman of robust health suffered sharp pains in the region of the appendix with fever and eontinued nausea. There was induration and a tenderness at McBurney's point. The operation disclosed three large enteroliths in the proximal end of the appendix in a large pus eavity.

Dr. C. W. Trueheart, Galveston, said his experience in some cases leads him to believe that a gronp of symptoms as outlined in Dr. Saunders' very interesting paper, justifies the conclusion, especially where febrile symptoms are absent, that the appendix contains a foreign body. In several eases that he recalls, however, impermeable stricture of the lumen of the appendix with resulting collection of serum gave rise to a similar train of symptoms.

Dr. Belle C. Eskridge, Houston, believed it makes very little differenee where the foreign body is located in the appendix. Presence of the foreign bodies is usually evidenced by attacks of indigestion, and sometimes colitis as well as pain; acute cases, the patient should be given no food by the mou and kept absolutely quiet.

Dr. J. C. Carleton, Bonham, said: At this day and tir with the golden advantages of surgery and hospital serviee, a man should diagnose appendicitis and not advise and ins on operation, he would be more criminally negligent than man who did not understand and could not diagnose appen citis. A doctor should not only be prepared to diagnose appen citis, but he should always insist on having a case of appe dicitis operated on when the rational period presents itse A man is more justifiable in making the mistake if he l lieves that he has a ease of appendicitis and operates a really has not a real case of appendicitis. He is less crin nally negligent if he operates than he would be if he reaso ably believes that he has a well-defined ease of appendicit and dos not operate.

Dr. A. E. Spohn, Corpus Christi, said he was much interest in the paper. He told of a patient with almost normal tei perature and good pulse with scarcely any siekness. A fe days before he had suffered with intense pain in the region the appendix. He had suffered from irregular attacks of pa for many years, always recovering his normal health in a fe days. He was brought to the hospital suffering with a cor plete intestinal obstruction, and the next day persister black vomit oeeurred. His temperature and pulse remaine almost normal, and the abdominal region was not painfu nor was there much distension. Upon opening the abdomin cavity it was found filled with pus, very offensive, and th gangrenous appendix, which had ruptured, contained fee coneretions. He believes that where there are irregular attaek of pain without much temperature, we may expect to fin foreign substances in the appendix. He is an advoeate of th open treatment of the infected abdominal eavity. He believe that attacks of pain in the appendix followed by relief doe not oeeur unless some foreign substanee is presentt.

Dr. Saunders, closing, said his paper did not elaim that foreign body could be absolutely diagnosed; believes in great majority of cases there is a clear elinical history whie may be interpreted as due probably to the presence of a har or soft foreign body. Considers the discussion a verificatio of the position assumed in his paper.

TUBERCULOSIS AS A STATE PROBLEM.*

BY

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KERRVILLE, TEXAS.

In asking the attention of this scientific body to my individual views of the different phases of this problem I am not unmindful of a certain amount of presumption on my part, but my zeal is my apology and our common danger and the carelessness and ignorance of the laity is my excuse. I am convinced that the medical profession fully realizes its responsibility to the State, but I am fully as certain that the laity does not I wish to insist upon taking the laity into our confidence and divide the responsibility.

From carefully made estimates (Dr. Porter, in his Mineral Wells paper) we understand that one-tenth of those now living at the present rate will die of tuberculosis. If Texas has three and one-half million people this would mean 350,000 deaths from tuberculosis in one generation, and probably 4000 per year. That "A little learning is a dangerous thing" is an old truism and is more obvious in this matter than any other. The people must drink deeper from the fountain of knowledge. They have learned that this is a curable disease, but they have yet to be taught just what kind of cases

*Read before the Section on State Medicine and Public Hygiene, State Medical Assoeiation of Texas, Corpus Christi, May 13, 1908.

can be cured, and that those cases easily recognized by them are not often the curable kind. They have learned that it is an infectious disease, according to their understanding contagious, but they have yet to learn more (the whole truth) about the many, and especially the most frequent and dangerous means of its transmission and how it can be managed so that there will be no danger. They, the people, understand that there is no specific cure and have concluded that any treatment is useless. They must be taught that treatment, in this disease, is not only essential but of sufficient importance to occupy the patient's entire time and thought. The time has come that whatever health laws we have must be obeyed.

As important as knowledge is in this matter, it will never be a panacea. We must have laws equally just to the sick and well. They should carry penalties that will insure enforcement. As to the mode of the spread of tuberculosis we are not a unit ourselves, but there can be no mistake made in having laws enacted which will, as far as possible, prevent infection by any means. Judging from my own experience I do not believe that the majority, nor any considerable number of tuberculous patients become infected by the use of infected dairy milk, because I have made careful inquiry as to the former habits and history of about fifty cases, coming from all sections of our country, and more than 75 per cent of these have never used dairy milk before they became sick. True, the home cow might just as likely be infected as the dairy animal. The milk danger should not be overlooked, but it is a fact that nearly every patient has been associated, more or less to his own knowledge, with some person suffering with tuberculosis. We all know too well how often this is the case unsuspectedly.

As recent investigations have shown that the common house fly is responsible for the spread of typhoid fever, it is reasonable, and I think highly probable, that it may be the means of infecting many persons with tuberculosis. The fly is evidently the worst of all our insect foes and its life history is pretty generally understood. It seems more difficult to muster a concerted general fight against it than any other pest, yet it would be the least trouble of any to exterminate. By the proper treatment of its breeding places it could be made to disappear from the earth in a fortnight.

All the preventive measures we can conceive, enacted into law and carried out, would not cure nor provide for the cases we already have. The four thousand insane population of the State could scarcely be the menace to public safety, if they were allowed to run at large as is the tuberculous population, and yet we have three great State institutions for the care and treatment of the insane, and no provision whatever for the tuberculous. In order that the people may ever know how to protect themselves and what science is able to do in the matter of curing these cases, and the folly of delaying treatment, our Health Officer must have more authority, or if he has the authority even now, he certainly needs more means to properly police the State and have the very poor of the State cared for.

We should have one great sanatorium for the care and treatment of the indigent poor consumptives of the State, which should be so located and equipped that every known aid to a cure might be given; outdoor farm or ranch employment to those who are able to do light work, so that they might to some extent defray their own expense. The need of some such institution is most obvious, every humane instinct demands it, but this is not enough.

A sanatorium is not the only means to use in the crusade against tuberculosis nor yet the cheapest. One of the most deplorable facts the physicians of West and Southwest Texas have to contend with is the constant influx into these parts, of scores of incurable consumptives, and many of them, too, without means to pay a month's board. These poorer ones generally expect to improve sufficiently, at once it seems, to be able to work enough to pay their way, as they say, by roughing it. Sometimes they have been encouraged or urged to this belief by friends (?) who have "made up" money and cruelly sent them away from home to die. Many are sent thus from one county to another in our own State, likewise from other States to ours. The churches and charitable institutions care for them the best they can, but there are too many to be cared for properly with the means available. I make no mention of the amount of practice the physician does for nothing. Again, others come with plenty of money who have probably misunderstood their family physician, who has very likely told them that a change of climate was proper, and that they would scarcely need any professional treatment if they would carefully carry out the open air and forced feeding routine so much in vogue. These usually make themselves "bilious" by overeating as soon as the appetite is stimulated by the change. As a consequence they have a toxemia from malassimilation, the vitality is lowered and they have received a great hindrance to even doing well. They are then apt to conclude that they are not getting sufficient exercise and enough of the open air, so they promptly go to running around too much, place the bed in a window and sleep in a draft, which results in a more or less severe cold and fever with extensive spreading of the tuberculous process. Oftentimes before they get any medical advice whatever they are well enrolled in the incurable class. The expense of treatment and advice which would have prevented or made less serious this unfortunate consequence would have been nominal and the benefit inestimable. The mistake once made, the then indispensable or unavoidable bill for professional service may be great, while the benefit, as to final result, may be nil or doubtful.

If this description is hypothetical it is not overdrawn. While the beneficial or curative effect of climate is overestimated by many, it is surely underrated by others. A mountain atmosphere, comparatively free from dust, dry and cool, balsam-laden from the cedar covered hills and where the force of the wind is modified by the broken contour of the country, like our Kerrville country, is generally conceded to be beneficial to most cases of so-called general debility, and more especially to the consumptive. Still no atmospheric condition can effect a cure unaided.

Besides having one well-equipped general State sanatorium, I believe there should be, in addition, a series of auxiliary branches, situated in as many different localities throughout the State as possible. Interest every county and municipality in the establishing of these auxiliaries, appeal to the wealthy citizens and corporations, getting whatever financial assistance possible. Much could be given in this way, which would be an economy to the community. Some individual might give or lease a site, the county build a few cheap cottages and the town furnish them. Then let every patient who is financially able, pay his own expense, even

rent for the furnished rooms, board, etc., and those who are absolutely indigent be cared for by the State. We have no statistics to prove that it can be done, but it has been asserted that these patients can be cared for for one dollar per day (Dr. Knopf). After it is determined what the expense, per day, in the main sanatorium is, the State could well afford to pay this amount to one of these auxiliaries for the same care and treatment, especially for those who could not be expected to live more than a few months, and actually save the transportation expense. Let every such organization have a local board of trustees, but be required to operate under State license and regulations. The medical director should be required to have a microscope and to be thoroughly qualified in its technique and as thoroughly qualified in the use, at least as a test, of tuberculin.

I realize that there is no law against this kind of arrangement now, but there is no law to authorize or require such, and if there was it still remains to be insisted upon. The idea is to extend and disseminate lawful authority for the State to control and protect in the matter of tuberculosis as well as in that of insanity and other perils. Any one might be allowed to establish one of these auxiliaries as a private enterprise who might so desire. Thus a physician might by this means become a benefactor to his community and manage it so that it would be some profit to him financially. Say that he should organize a class of ten members, and the expense should be reckoned at $30 per month, he could ordinarily have them cared for at $20 per month and thus have a margin of $10 per month from each for his professional service.

Every such auxiliary, county, municipal or private, should be under State control and subject to State supervision, which means proper sanitation, food and hygiene. It should have authority to enforce public health measures so far as tuberculosis is a factor, pass judgment as to a diagnosis of suspicious cases in its knowledge, and test milk and dairy cattle as provided for by law.

An early diagnosis is of supreme importance if a patient is expected to be cured. When a diagnosis is made, the patient, if he is financially able, can go to a more favorable climate if he chose, and with a true knowledge of his condition and the importance of having scientific medical oversight and advice wherever he may go.

Laws restrictive of personal liberty are difficult of accouchement by a Legislature, and hard to enforce, but I am not sure that we need any more laws for the protection of the public against tuberculosis. We probably need a better understanding of what we have and certainly a more rigid enforcement and a more vigilant oversight, which means a larger police force well distributed. The "police power" is very broad; it has been judicially defined to be that inherent and plenary power in the State which enables it to prohibit all things hurtful to the comfort and welfare of society. It extends to the protection of lives, limbs, health, comfort and convenience as well as the property of all persons within the State, and to accomplish this end persons and property are subjected to all kinds of restraints and burdens. (*The Law and Its Relations to Physicians,* Taylor, p. 18.) Again, "Salus populi est suprema lex"—the safety of the people is the supreme law—is the enabling principle in this case.

We should have means of finding out all about the thousands of ambulatory cases of consumption in the State and the people should have the opportunity of getting an early diagnosis and correct advice. Where they are absolutely indigent they should be cared for by the State, both as a matter of humanity and economy. If they are able to care for themselves they should be instructed as to what is best for them to do, but given specific charge what they positively must not do. No consumptive should be allowed to go from one county to another or travel for his health, without a contract and agreement from some reliable party residing where he proposes to go, to the effect that he will be eared for properly and that his necessary expense is provided for. I do not mean by this that every patient should be forced to take some kind of treatment nor that every boarding house should be a sanatorium, but I do think that every boarding house, or private family, as to that matter, should be responsible for the conduct of the sick they keep, and that they should be compelled to keep sanitary rooms and premises. A copy of these requirements of the law, with a brief explanation "why" should be put into the hands of every citizen of the State.

Last, but not of less importance, what should we, and what can we do, to regulate the immigration of consumptives from other States? That to me seems easy enough if our laws against any criminal offense can be enforced against people from other States. Obviously a stranger would not be allowed to carry a pistol or pollute a community's source of water supply simply because he is not a citizen of Texas. In fact, we need not object to their coming if we can can exact from them the same obedience to law which we do or should do, from our own citizens. When people learn that some particular act is an offense, punishable by fine or imprisonment, or both, they will stay away or come with arrangements made in advance for their reception. This done we may welcome them to whatever our climate and advancement is worth, and they will have the peace of mind to know that the risk of exposure is not greater than the possible advantages we possess.

THE IMPORTANCE OF AUTOPSY WORK IN GENERAL PRACTICE.*

BY

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The conscientious physician is at all times and under all circumstances a student in the broadest acceptation of the term, in the mysteries of his chosen profession. After days and hours of ceaseless vigil at the bedside of a stricken patient, when the vital spark has flickered and gone out, when those sad words are spoken, "all is over," and the tired doctor turns from the house of mourning and throws himself upon his couch to rest. His mind passes in rapid review all the salient features of the case; the sudden acceleration of the pulse and elevation of temperature, the gastric disturbance, the peculiar alvine discharges, the cessation or exaggeration of renal or other secretions, complicating an otherwise simple malady, and the clouds that have arisen to obscure the rational and successful management of the case. At such a time there comes a burning desire for

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one hour alone with that piece of inanimate clay, which he has just left where death had claimed the victory.

The study of pathology and the pathological phenomena accompanying the various organic diseases and disorders to which human flesh is heir, and with which the physician has to do daily battle, is essential to the successful and rational application of therapeutic agents. A knowledge of this branch of our noble profession I think we all admit ean never be attained by reading books or "second hand." As well try to enlighten the mind of the man, blind from birth, as to the beautiful colors of the rainbow or the threatening darkness of the storm cloud, as to try to teach by vain words the pathological appearance of the tuberculous lung, the cirrhotic liver, the waxy kidney or the ulcerated Pyer's patches and hypertrophied intestinal villi of typhoid fever. Here it is that original and individual research can alone satisfy the mind of the true student and familiarize him with the various pathological conditions and appearances of the human machine, which he is daily called upon to repair or relieve. What better time is there to impress these lessons deeply upon the physician's mind than that hour when fresh from the struggle with disease its every symptom and feature is fresh in his memory and the mind strung to acute conception by a recent defeat. An autopsy at such a moment will teach more practical pathology of that particular case than a year's reading of the most verbose authors with their artistic colored plates.

Man in health is a complex machine. Let but a single one of his many vital organs become diseased or its function deranged and the machine becomes at ouce a Chinese puzzle to the medical man who has failed to familiarize himself by actual individual study of practical pathology.

As general practitioners we are, I fear, too apt to content ourselves with merely the gross external appearances of this "fearfully and wonderfully" made machine, with the facial expression, the pulsating radial and the ever present "let me see your tongue." We are content to circumscribe our opsonic index, make our diagnosis and, hit or miss, apply the remedy to the condition which we conceive may exist, and when time and *vis medicatrix naturæ* have remedied the actual evil, neither patient nor physician is the wiser, though a too acid gastric secretion instead of a myopic eye was elaimed as the etiological factor of the trouble.

We should at the bedside remember at all times and under all circumstances that appearances, and especially external and superficial appearances are often deceitful. We should metaphorically cast our eye over the lobes, lobules and alveolæ of a suspected lung, the cortical substance and tubuli uriniferi of a kidney whose function is not being properly performed, the circulatory sinus and common duct of a liver deranged, the various valves of a heart whose murmur is inharmonious, and especially along the intricate course of that vital highway, the intestinal tract, the *fons et origo* of so many of the ills to which human flesh is heir.

No more practical or familiar application of the necessity of the autopsy in the study of pathology presents itself to my mind than in that common complaint which we are all called upon to treat, and which we have been aceustomed to denominate for want of a better term or a better knowledge of pathology "continued fever," and which the laity, with quite as much scientific aecuracy denominate "slow fever." Especially is this necessity apparent in eertain sections of this State where some of us formerly so persistently and, I fear, pig-headedly denied the existence of typhoid or enteric fever.

Fifteen years ago in the locality which had then for ten years limited the field of my professional labors and observations, I had denied that a single typhoid fever case had originated; although called upon often to treat an obstinate form of continued fever about whose pathology and etiological factors I had been compelled to confess myself ignorant. At that time an opportunity of making autopsies in two of these cases caused me to take occasion in a paper read before the old Central Texas Medical Association to publicly retract my anti-Texas typhoid fever views. For I then knew of my own knowledge, obtained by autopsy and personal observation, that very serious organic intestinal lesions may be present in these cases without any or at least few external manifestations and book symptoms. How much this knowledge has influenced my therapeutic and dialitic directions and cautions during convalescence from these fevers since that date, only those can realize who have had a similar experience.

Recognizing the necessity of the autopsy, how are we as physicians to overcome the many obstacles in the way of securing this valuable aid and insight to the study of pathology? To overcome the lethargy (laziness is a better term), indifference or indisposition of the physician himself I can conceive of no better means than fostering the healthy growth and continued interest of just such societies and associations as this, where without fear of carping criticism we may bring all our professional burdens and help each other bear them as a band of brothers in a noble calling, where no contention should arise, but that noble contention or rather emulation of who can best work and best agree.

The greatest obstacle we will generally find to overcome will be the intensely bitter prejudice of the laity to any tampering with the dead. This we can and must overcome by a slow, courteous, kind but continuous education of our clientage in the various communities in which our professional labors are conducted. *One* post-mortem secured in a community and the work neatly and systematically accomplished without butchery or botch work and the corpse left neatly clothed and without external evidence of vandalism or disfigurement, will make the securing of a second an easy matter.

In our Southern climate, where post-mortem alterations and putrefactive ehanges come on so rapidly, autopsies should be held as soon after death as common decency and the family and friends of the departed will permit.

Having secured the eonsent of all parties, decide beforehand about the eharacter and extent of the examination you will make, and get together in one bag all the instruments and appliances you will need, the fewer the better. In most examinations all that will be essential is a good strong knife, a pair of shears, a saw, chisel, hammer, speying or mattress needle, plenty of cord, a piece of oil cloth or rubber sheet one yard square, sponge, vessel of water and a slop tub.

After the examination, which should be done carefully but expeditiously, remove all slops and stains and soiled clothes yourself and leave the body and every piece of furniture in the room just as you found it. If you have removed any special organ or pieee of tissue for more careful future examination or preservation, conceal it in the instrument bag until your

arrival at your office, when a suitable disposition may be made.

The congestion, erosion and ulceration of Pyer's patches in the small intestine in two cases of continued fever and the revolution in my personal management of these cases has already been referred to. One of these cases served a double purpose, as some obscure symptoms in the course of the disease and a fluctuating tumor in the right flank proved on autopsy to be due to a hydronephrosis of the right kidney, the pelvis of which was an enormously distended sac, and nearly all kidney substance destroyed. On subsequent inquiry the family informed me that four years previous to the patient's death he had ridden a wild horse, which "bucked" with him for half an hour, and while he was not thrown he had to be lifted from the horse when quieted and felt faint, went to bed, and for several days passed bloody urine. Afterwards he seemed to make a good recovery, and continued his pursuit of active farming for four years until attacked with the fever, which he was unable, probably on account of the crippled kidney, to survive. The left kidney, from compensatory action, was considerably hypertrophied, being nearly double the size of a normal kidney. The crippled kidney I removed with its strictured ureter and presented to the pathological museum of the Central Texas Medical Association. The father of the patient, who was present at the autopsy, positively refused to allow me to remove the hypertrophied left kidney.

Several years ago I had a patient with a freely movable tumor in the upper left section of the abdomen devoid of symptoms of malignancy. I made a diagnosis of movable or floating spleen and sent him to Dr. Thompson at Sealy Hospital for an operation. On opening the abdomen the doctor found the tumor so intimately connected with the posterior wall of the stomach as to render its removal impossible, and returned the patient, who died at the depot on his arrival in Belton. I did an autopsy two hours later and found a large carcinoma of the posterior wall of the stomach, which was enormously dilated. This patient, who was a stationary engineer, had been absolutely devoid of pain or other evidence of malignancy and the only gastric symptom he complained of was occasional sudden attacks of intense hunger, which seemed to be relieved on taking food into the stomach. When he first consulted me he asked jocularly if a man, like a cow, ever had "cud" in his stomach, and called my attention to his freely movable abdominal tumor.

Recently a young lad had a sudden obstruction of the bowels, with great tenesmus, small bloody mucous stools and a sausage shaped tumor in the right illiac region. I and a competent surgeon consultant thought we could detect by digital examination per rectum an invaginated gut, and diagnosed the condition intussusception. Autopsy proved it to be a perforated appendix with general peritonitis following.

These are only a few of the autopsies I have done in private practice, and are merely referred to "to point a moral and adorn a tale." I have never performed or assisted in an autopsy that I didn't learn more than enough to repay me for the time and trouble I expended in the effort.

Recently six weeks of autopsy work done by me at Blockey or Philadelphia Hospital, under the direction and guidance of that prince of pathologists, Professor Allen J. Smith, has freshly impressed me with the many practical lessons in pathology to be learned, one of which is the large per cent of tuberculous lungs that heal and patients recover to die later with other diseases and on coming to autopsy, the cicatricial areas are perfectly apparent. This should encourage us to give hope and courage to our incipient tuberculous patients.

Gentlemen, let us not defer autopsy work to our scanty and rare visits to the hospital deadhouse. This work done in private practice is far more impressive and of far more practical value after we have watched at the bedside of the patient and have a clear clinical picture in our mind. My sole object in presenting this paper is to foster and encourage original and individual research by the general practitioner and to call attention to the fertility of the autopsy field. I have read the paper before my own and several other county and district medical associations, and have recommended the adoption by county medical societies of a resolution offering rewards in money or medals for the best report of autopsy work by members for the current year. I very much desire the encouragement and commendation of the Section on Pathology in my humble efforts for higher standards and more exactness in general practice.

THREE VERY UNUSUAL CASES OF APPENDICITIS.*

BY

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At the repeated suggestion of professional colleagues, and believing the cases sufficiently interesting and instructive to justify their being put on record, I am moved to report three very peculiar cases of appendicitis. These cases were characterized by abnormality of location and strange behavior on the part of that anatomical abortion, that physiological enigma, that ubiquitous pathological pest of humanity—the appendix vermiformis.

CASE 1.—R. L. D., a healthy looking man of about forty-six years of age, gave an intelligent history of frequently recurring attacks of "partial obstruction of the bowels," as he called it. He stated the fecal accumulations at times caused marked distension and tumefaction, especially on the right side of the abdomen. This condition was relieved only by repeated doses of some saline, pushed until watery evacuations were produced. Indeed, the bowels never moved without recourse to salines. A marked area of dullness over the region of the appendix and ileum was present, with dull pain on deep pressure; but tension of the recti abdominis or tympanites was not appreciable. I made a diagnosis of chronic appendicitis.

In the operation, which was resorted to without delay, I was assisted by Dr. Cary H. Wilkinson, of Galveston, and the then house staff of St. Mary's Infirmary. On opening the abdominal cavity, a condition of things most difficult to trace and accurately determine presented itself. Through an opening, apparently a separation of the tissues in an imperfectly developed ileac mesentery, the appendix had, snake-like, so to speak, crept behind the ileum, from right to left; then passing in front of that intestine, from left to right, its distal extremity was found firmly adherent to the parietal peritoneum in front of the right kidney.

The condition of things present was evidently of long

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tanding. The appendix and its mesentery had formed dhesions to everything within reach. These adhesions, oo, were so highly organized that numerous ligatures sterilized eatgut) had to be applied to control hemorhage. The separation of the adhesions and the disenagement of the coil of appendix from around the liated and seriously occluded ileum close to its junction vith the ceeum, without rupture of the gut, proved edious and difficult. The constriction and the adheions, between the folds of mucous membrane on the nside, and the folds of serous membrane on the outide of the intestine, caused by the coil of appendix, vere broken up and the lumen of the intestine restored vith difficulty, and only by persistent external manipuations of the parts; the raw surfaces at the points here the numerous adhesions were broken up were overed as well as possible with omentum. There being o pus formation present the abdomen was closed, the ayer method being used. Healing by first intention as secured.

During the several weeks after the patient left the ospital and remained under observation, I was kept n continual apprehension on account of obstinate contipation and recurring pain and tenderness in the reion of the operation, lest post-operative ileus was deeloping. Some months later, however, I learned by etter that Mr. L. had made a fairly good recovery.

It would, I take it, be difficult indeed to even conecture what train or coincidence of forces and proesses, pathological or otherwise, may have come into lay to bring about such an anomalous state of things.

Case 2.—Mrs. J. McY., a large, well-nourished woman, 58 ears of age, weighed nearly two hundred pounds by reason f an unusual development of adipose tissue in the abdominal all. A positive diagnosis was only possible after an exploratory incision. Some jaundice and an enormous distenion of the gall-bladder being present, obstruction to the outow of bile by an impacted gallstone was assumed, so I cut own upon the gall-duct at once.

In the operation I was assisted by Dr. George H. ee, of Galveston, and the resident staff of St. Mary's nfirmary. The first thing encountered on opening the bdominal cavity was the appendix. Passing across the *uctus communis*, to which it was matted down by adesions, its distal extremity was firmly adherent to the nder surface of the left lobe of a large liver, about wo inches to the left of the mesial line.

Some ten or twelve ounces of normal bile having been emoved from the gall-bladder by aspiration, careful alpation revealed the absence of calculus in the duct r bladder; the obstruction in the duct being due enrely to the pressure of the matted down appendix. he adhesion of the appendix where it crossed the gallict, and that to the under surface of the left lobe of he liver were carefully separated, and the abdominal ncision extended downwards sufficiently to reach and eal with the appendix at its junction with the cecum. he appendix in this patient was estimated to measure en or eleven inches; was unusually large, and from the oint of adhesion to the gall-duct, to its union with he cecum, was perfectly normal and unusually large nd patulous. The extensive abdominal incision was osed with chromicized catgut, continuous sutures, yer method used, with silk worm gut for closing the tegumental incision. Healing by first intention was ecured with no trace of infection, and without elevaon of temperature or even material acceleration of ulse. Convalescence was speedy and uneventful.

How came the appendix to tarry in proximity to and become adherent to the under surface of the left hepatic lobe? Probably the most plausible explanation is that at a certain period of intra-uterine development of the fetal alimentary canal, the intestines, so embryologists teach, shift over from the left to the right side in the abdominal cavity and it must have been when this change of position was in progress that the adhesions between the appendix and liver occurred.

Case 3.—In Mrs. D. N., age 22, a cystic ovary and large pus tube on the right side were diagnosed. A most striking symptom in this woman's case had existed for many months. While the first part of urination was free from pain, the latter part of the act was attended with most agonizing, sharp, lancinating, dragging pain on the right side, extending from above downwards and inwards, and subsiding only when the involuntary tenesmic contractions of the bladder and bearing down ceased.

Assisted by Dr. Joseph Jones, of Galveston, and the members of the house staff of St. Mary's Infirmary, I made a free incision in the median line. The first thing encountered and situated anterior to everything else was the appendix; the distal extremity firmly adherent and matted down to the fundus of the urinary bladder, well to the front.

The peculiar symptom alluded to was now unmistakably accounted for. The appendix was carefully separated from the bladder and abcised in the usual way. The very large pus tube and cystic ovary, the size of a large orange, on the right side, was tied off and removed without escape of any of the contained pus. A large, well encysted hematocele came into view and was dissected out; behind this, in Douglas' cul-de-sac, a collection of several ounces of bad smelling pus was evacuated, the abscess mopped out with peroxide of hydrogen, and free drainage through the vagina secured; the abdominal wound was packed with 5 per cent iodoform gauze and treated by the open method. Patient made an uneventful and complete recovery. Three-fourths of the left ovary was cut away on account of numerous small cysts; nevertheless, this woman menstruated normally and for many months while remaining under my observation following the operation.

An overdistended bladder pushed upwards and pressed by a gravid uterus into contact with a displaced appendix would account for the adhesions between the two viscera. She had been pregnant three years previously.

MISCELLANEOUS.

A PROTEST AGAINST OPTOMETRY LEGISLATION.

BY

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Council to the Opticians' League of the State of New York,
NEW YORK CITY.

The Opticians' League of the State of New York appears in opposition to the bill in the Senate No. 347 and to an identical bill in the Assembly entitled, "An act to amend the public health law, by defining optometry and regulating the practice thereof."

THE STATE IS COMMITTED TO A DEFINITE POLICY IN PUBLIC HEALTH LAWS.

While we appear technically as opposed to these specific bills we are actually in support and in defense of a solemn principle of public policy enacted into statutory law by the last Legislature. The so-called "Medical Unity Bill," or to be more accurate, the act "to regulate the practice of medicine and surgery," now a law in the State of New York, is a definite commitment of the Legislature to the vital principle that

no man can set himself up in the State of New York as competent to practice upon other men, suffering from physical diseases and infirmities until that man has satisfied the State of his educational qualifications and of his ability to discharge the duties and responsibilities of a practitioner of the healing art.

This bill was not enacted in the interest of the physicians on the one hand, nor merely for the purpose of suppressing the business activities of any trade or craft, on the other. It was enacted as the result of a crying need for better protection of the public health from ignorant and criminal men who were claiming the right to treat disease and cure physical defects. The provisions of that act, as of all similar acts, are constitutional only on the theory that they are passed by virtue of the police power inherent in every government to protect the health of its people; whether it help this or that interest, or business is beside the question.

The medical law of this State now serves as a model throughout the United States and is looked to as a guide by other Legislatures and by those everywhere who are interested in the protection of the public health.

Consequently any effort, under whatever guise, to violate or nullify the principle of that law must bring to its defense all those who realize the importance of keeping this State free from half-baked practitioners of some small specialty of the healing art.

The Medical Unity Bill defines the practice of medicine in substance as the practice of the healing art in any form or by any method and forbids this practice to any person not examined and licensed by the State. The plea for special privileges to treat disease after some one method that had for years been sought by osteopaths, vitopaths, somatopaths, osteotherapists, bone-setters and a score of other sects of medicines were declared to be inconsistent and misleading. The State wiped them all out of existence, when it declared that not until a man satisfied the State of his ability to diagnose disease and of his knowledge of human anatomy, physiology and chemistry could he be entrusted with the treatment of any of the ills to which flesh is heir.

Just as the State refuses to license lawyers to practice a specialty, or engineers or accountants or any other professional men to practice in some narrow field of their art or science, until they have first studied and established themselves as competent in the entire art or science, so the last Legislature declared the practitioners of medicine must hereafter submit to the same general rule.

THE "OPTOMETRY BILL" VIOLATES A SETTLED POLICY OF THE STATE.

It is readily seen therefore that the opticians who clamor for the special privilege of examining or treating the human eye without first becoming doctors, take upon themselves the burden of showing, why the general principle established in the Medical Law should be set aside for them. Of course, their effort in this direction miserably fails. Their attempts to justify that position need be stated only to be refuted.

In the first place, they claim that the present law specifically exempts them from its operation, and that consequently they are not amenable to the principles of the Unity Bill.

It is an open secret that the exception in the Unity Bill taking away the stamp of criminality from the mechanical examination of the eyes was inserted there at the last minute as a matter of expediency. It was not the bill as drawn originally, nor was it inserted except at the last moment, and then only in response to a plea to save the business of certain men who had been fitting glasses for a number of years. On principle it can not be defended, but merely as an expediency some defense of it can be made. Last year it was argued that if the opticians could get a provision in the Unity Law taking away the stamp of *criminality* from the practice of their work, it would prevent many men in established lines of work from being deprived of a livelihood. The Legislature listened to this plea, but refused, of course, to go any further *than to say that the activities of the mechanical examiner of the eye were not criminal.*

Now these same men come forward and say, because the State was this generous, it should now, in violation of all the principles of public health law and of the very act that exempted them from the Penal Law, put the express stamp of the State's approval on their calling and give them privileges which have consistently been refused to all other special pleaders for medical privileges. It is as if a man had determined to drive all of the rats out of his house, but who, from sympathy, allowed one or two decrepit ones to remain, and these recipients of his charity should thereafter demand from him equal rights in his house; or it is as if a beggar, to whom kindness had been shown by the charitable should demai thereafter that he be permitted to receive alms from the again and again, merely because he had been assisted onc

The opticians in favor of this bill advance a dangerous pl in now claiming special rights and privileges where last ye they simply begged for the privilege of living. Last year th were satisfied with not being made amenable to the crimin law; now they demand the positive protection of the State.

IT IS NOW ARGUED THE DOCTOR IS LESS COMPETENT THAN TI OPTICIAN.

Again the opticians, who favor this bill, say the doctor not competent to do the work they do; that the medic schools neglect the science of the examination of vision a that the practicing optician is more competent to examine ey than the doctor himself.

But optics, being a branch of physics, is taught first high school. Every medical student must present evidence an equivalent of four years in high school before he can m triculate in a high school.

In the medical school, the student is taught the diseas of the eye as he is taught the diseases of the other parts of tl body. He learns of its relations to the other functions the human organism.

Graduation from a medical college does not imply that o is a skilled practitioner, or a specialist in any set of disease Specialists become such by special study and long practi after a general education in all branches of their scienc Specialists can not become specialists unless they first lea the general principles of medicine and their general applic bility to all kinds of disease and pathological conditions.

In other words, the medical graduate has simply satisfi the State that he has that minimum amount of knowled without which it is unsafe to entrust him with the health any one. Specialists come later by study and practice. Wh a bald fraud is the "eye-specialist" who advertises himself such after satisfying a board of examiners that he has "knowledge of optics."

As to the success that "optometrists" have with eye exar ination, before their claims need be considered seriously, l them first explain how they can safely be entrusted with tl examination of the eye until they have acquired a knowled of some of the diseases that have defective vision merely as symptom of a more serious general condition?

For their benefit it may be stated that many diseases of very serious character effect the eye as the disease progresse A thousand glasses and prisms would avail nothing in su conditions that are very frequently found in patients sufferi from eye-strain.

Bright's disease, glaucoma, retrobulbar optic neuritis, sa coma of the interior of the eye. These are some of tl scourges that affect the vision incidentally as a result of deep-seated disease. A score or more could be added, but tl above are selected because we are prepared to show cases whe the specific diseases mentioned above have been allowed progress greatly to the injury (not to say death) of the p tient, because these optometrists claimed the patient f their own. It is as possible to dam the waters of the Atlant with the sands of a pleasure beach as to cure these diseas with glasses and prisms.

Is the Legislature of this State, with full knowledge of tl great dangers incident to the practice of laymen on the ey willing to endanger the people of this State by actually licen ing laymen to do this work? The little children of this Stat who are fighting for education against the handicap of defe tive vision are entitled to all the protection the State ca throw around them, the least of which is protection from u scientific mechanics trying to discharge professional duties the most delicate character.

SOLICITUDE(?) FOR THE POOR IN RURAL DISTRICTS.

Again, those who favor this bill say the people in tl poorer districts of the State can not afford to pay the doctor price for eye examination and that this work should be left t the optician. In the same breath they plead for restraint the practitioners to a select few in whose ranks the law of supply and demand will operate to raise prices, unchecke by any professional feeling of kindness for the poor, such has actuated the medical profession from its beginning. The propose to keep the prices of the country optician cheap b forming them into a select trade union, disguised, howeve as a profession. This argument is a libel on the countr doctor to which the State should turn a deaf ear.

Of course, the country physician in his practice reach every section of the community and those who know tha

the country physician has more charity patients than pay patients will realize how false is this plea for the country poor. Even if it were true, the State is justified in saying that, as between expensive work on the eyes of its citizens done efficiently, and cheap work done inefficiently, the public interests demand the former. In this connection it may be well to mention that the "optometrist" is already charging more for his work than the oculist in some instances. Much solicitude is expressed for the poor upon whom, it is said, there is fraud and imposition practiced by the itinerant vendor of eyeglasses.

It would be just as logical to amend the constitution to prevent the practice of a fraud of this sort as it would be to amend the educational system of the State for the same purpose.

There are laws ample enough at the present time on the statute to suppress the particular form of fraud complained of. The comprehensive sections of the penal code, defining larceny, cover every phase of the abuses mentioned. These sections of the penal code have been sufficient to convict for all false pretenses by which money has been obtained wrongfully.

If any restraint must be drawn around the itinerant peddler let it be in the form of an enforcement of existing laws, or else by enacting some regulation that is not a blow at the educational system of the State.

A law of twenty sentences is enough to regulate these men after the fashion that the detective business in this State has been regulated. A bond and a license could be required of these peddlers and it could be made criminal for them to require payment of their customers until they had given them a signed statement, itemized, of the cost of their wares.

To protect the public from paying high prices for worthless merchandise is an impossibility, except where the legal element of "false pretense" or "trick and device" enters into the case, and it requires no legal expert to suggest a dozen remedies for the conditions complained of, where a false pretense exists.

"ELEVATING THE PROFESSION OF OPTOMETRY."

Finally these ambitious opticians argue that the "profession" should be elevated and that this law would help to bring about that end.

The State, however, is not interested in elevating the "profession" of "optometry," if that elevation militates against an existing profession (medicine), which under the principles of the Medical Unity Bill, in the interest of the public health, has been placed in New York on a plane higher than in any State of the Union. The State would not encourage law clerks to invade the lawyers' domain merely to improve the standard of law clerks, nor would it undertake to improve the standard of firemen or mechanics by trying to make them do the work of engineers. The State has already elevated the art of optometry by making it a part of the practice of medicine, and the only way to encourage a better standing among those who practice it is to point the only way by which they can enter the profession, namely, with the sanction of the State, through the door it has compelled all practitioners of the healing art to pass.

It is not a good policy to encourage the growth of weeds in an orchard, when the success of the orchard itself is the supreme consideration. The State is not interested in elevating the standard of optometrists, but it has a duty to protect the public from their ignorance and their impossible claims.

So much for these special pleas of the gentlemen in favor of the bill. Let us now see what fatal objections are to be urged against it on the merits and by way of an absolute denial of the premises upon which they build their hopes.

EYES CAN NOT BE EXAMINED ACCURATELY WITHOUT THE USE OF DRUGS.

There is an unanimity of opinion among medical men in all countries as the result of long and careful study and training that vision can not be accurately determined and defects therein remedied until the muscle of accommodation is first suspended by a drug. Practically all concede that a drug is necessary in every case where the eyes of children are examined and all agree that in a majority of instances a drug is needed in the examination of the eyes of adults.

The scientific reasons upon which this opinion is based has been set forth so many times that it is out of place even to review them here. The Legislature, we believe, will listen and accept as true the expert opinion advanced on this subject by the medical men who are opposing this bill. If the doctors spoke the truth, and if the human eye can not be examined without the use of a drug, then this bill must fail, *because the definition at the outset of the bill prohibits the use of drugs.* For the State to license men as qualified to examine eyes, when by the very terms of their license they can not do the work, is to put the State itself in the position of being a party to a false pretense. It would make the State itself a party to the crime of deceiving the "rural poor." It would be a gross betrayal of trust on the part of any State to turn loose on an unsuspecting public a horde of inexperienced men to practice on the most delicate organ of humanity, and yet to deny to them the use of the one essential means with which to conduct such an examination.

GOVERNOR DENEEN'S VETO.

This matter has been so forcibly presented by Governor Chas. W. Deneen, of Illinois, in consideration of a similar bill in that State that his fatal objection to the present bill requires no elaboration further than a quotation from his veto—"I withhold my approval to House Bill 845 for the following reasons:

"I am informed by physicians with whom I have consulted regarding this bill that there is a general consensus of opinion among medical men that the eyes of young persons can not be refracted accurately without the previous use of medicines to suspend the accommodation. Such treatment enables the oculist to determine accurately errors of refraction. This bill does not permit optometrists to use such medicines. The methods practiced by optometrists, therefore, are, to a greater or less extent, experimental. A doctor who treats the eye is called an oculist as distinguished from a person, uneducated in medicine, who may learn to use a set of trial lenses in a few weeks and call himself an optometrist. An oculist may use a drug to suspend the accommodation, because he is a graduate of medicine, as a foundation to his special studies relative to the eye. An optometrist may not use such drug, nor any other medicine, nor treat the eye, because he is not licensed by the State of Illinois to practice medicine. If, therefore, as provided by the bill, the use of medicine is not to be permitted, it goes without saying that the State should not endorse a person as capable of performing a function and at the same time withhold from him the most essential element for its successful execution."

This same objection in another form must be urged against another feature of the bill. The professional qualifications of the proposed board of examiners are limited to a "sufficient knowledge of theoretic and practical optics to practice optometry."

That knowledge is utterly insufficient to enable a man to practice that part of medicine which the bill seeks to place in the hands of the optometrists, so-called. Optics, either theoretical or practical, is only a small part of the knowledge which a man must have to deal with the human eye and its relation to vision. Anatomy, a knowledge of the nervous system, nervous reflex actions, relation of the blood supply to the eye, a knowledge of systemic diseases and malignant growths, and a great deal of other medical knowledge is necessary to enable a man to determine, whether another man is competent to go into the delicate task of eye examination. It passes comprehension that the State should endeavor by a law to set aside the teaching of science and experience on this point.

It has been urged that other States have passed laws similar to the one now being urged in this State. It is unfortunately true that all of the States of the American Union have not yet appreciated the importance of the public health. Some of the States have failed to require the same high standard of the practitioner of the healing art that the Empire State has demanded. Other States have licensed osteopaths and recognized various sects in medicine. The State of New York, more enlightened than some of its sister States, has made no such mistake.

Because a few States have been led into error and imposed defective laws on their people is no reason why New York State should make the same error. An honest and patriotic Governor of Illinois prevented the error being made in his State, and we ask the Legislature to protect the citizens of this State from the passage of a bill that would bring untold misery in its wake.

THE "OPTOMETRIST" IS CONVICTED OUT OF HIS OWN LITERATURE OF INVADING THE PRACTICE OF MEDICINE.

The champions of this bill have endeavored to draw a distinction between "optometrist" and "optician." They claim that an optician has to do with only the mechanical work, connected with the manufacture and fitting of glasses, while the optometrist is skilled in the other branches of the science,

dealing with the examination of the eye, but this effort to define the difference between the optician and the so-called optometrist makes it clear that the optometrist, so-called, is trying to encroach upon the domain of the oculist in the practice of medicine. In other words, the optometrist, in drawing his distinction, must first establish his calling as a branch of medicine.

This is made evident, not only from the argument in support of the distinction between the optometrist and optician, but also from the literature of the optometrist itself. The reproduction of an advertisement of a school of optometry, is as follows:

THE NEW YORK INSTITUTE OF OPTOMETRY.

Incorporated under the laws of the State of New York.

A. Jay Cross, President; E. Le Roy Ryer, Secretary.

America's Ideal Optometrical College.

The Collegiate Course comprises two hundred and forty lectures.

Sixty lectures on Physiological Objects and Subjective Optometry, by Prof. E. Le Roy Ryer.

Sixty lectures on Shadow Testing, by Prof. A. Jay Cross.

Thirty-six lectures on Physical Optics and Muscle Tests, by Prof. R. M. Lockwood.

Thirty-six lectures on Anatomy, Physiology and Hygiene, by Prof. Frederic A. Woll.

Twenty-four lectures on Mechanical Optics, by Prof. Stephen H. Brooks.

Twenty-four lectures on the Use of Optometrical Instruments, by Prof. Elmer H. Hotaling.

Degrees conferred; no correspondence courses.

Laboratory and Clinical Demonstrations throughout.

Next day and evening terms begin January 6th.

Write at once for curriculum and full particulars. Address, Secretary, New York Institute of Optometry, 38 East 23rd Street, New York.

It will be noted *that degrees are conferred*, that laboratory and clinical demonstrations are given, and, most significant of all, that there are lectures on muscle tests, and *lectures on anatomy, physiology and hygiene.*

All these things are part and parcel of the practice of medicine, and no one can change the fact that the optometrist is trying to set himself up as a practitioner of medicine. The literature of the optometrist, circulated for trade purposes, shows this more clearly.

The literature of Mr. A. Martin, "Optometrist," who spoke at great length at the hearing before the Public Health Committees of the Senate and Assembly strips the pretense bare.

In the first place, he boldly styles optometry as a profession. He speaks of examining the cornea, lens and fundus, *in order to detect diseased conditions.* These are clearly the functions of the oculist of medicine, and the State can not grant to any one but doctors a license for the performing of these functions.

In another place he defines himself as an *eye specialist.* Can the State afford to create eye specialists by short routes? If the State intends to do this, it may as well create lung specialists, heart specialists, throat specialists, appendicitis specialists and specialists in every department of medicine.

In Mr. Martin's literature he sets forth the case of a boy whose life was put in peril because atropin was placed in the boy's eye, a danger which the oculist must constantly keep in mind in the use of this drug. Mr. Martin uses this incident as an argument why people should consult an eyesight specialist who does not use atropin.

In the "Optical Journal," a trade paper of the opticians, we find articles on "amblyopia" which deal on the whole subject from the *standpoint of the medical man.*

Another article is on *penetrating injuries to the eye.* In "queries and answers" we find questions about "hemorrhage of the vitreous" and a learned letter on "professional charges." Another article deals with the anatomy of the myopic eye, and everywhere we see the evidence of studied efforts on the part of these men to invade the field of medicine and to practice it without any pretense to the knowledge which the State requires that all practitioners in medicine must possess.

Mr. Martin has another pamphlet containing the photograph of a boy with crossed eyes before wearing glasses and after wearing them.

His advertisement beneath the picture reads as follows:

"Crossed eyes straightened by glasses. Notable case of strabismus (converging squint) in a boy three years of age, cured in one month by our glasses alone.

Our work combines that of both Oculist and Optician.

We prescribe, grind and fit our own glasses to correct all defects of vision, and guarantee entire satisfaction. A. Martin, Inc. Eyesight Specialist, 17 West 28th Street, New York, (one door east of Broadway)."

It is impossible to pick up a circular of this man without seeing that there is one aspiration, the practicing of medicine so far as it relates to practicing on the human eye.

They used to claim that the optometrist was harmless, because he only helped people to pick out glasses. They argued that a layman, without assistance, often picks out his own glasses and that this was harmless and that the optometrist simply helped him to do this. But now they have become bolder; they call themselves "eye specialists" and exert the right to treat innumerable defects of the eye. It is fortunate that they have become as bold as they are now, because now the State can have no doubt as to their real object.

They claim that the dental profession has been specialized, but they forget that under the law the dentist must take a course almost as severe as the doctor, and in the cases where the dentist is allowed to use drugs he is taught their use with the same precision as the doctor. Dentistry and optometry can in no wise be compared, and not until the optometrist is willing to go through the same comprehensive course of training as the dentist, and not until the optometrist can show that practice on the human eye is a mechanical art, like dentistry, can any comparison between the two be sustained.

It will not be forgotten that in the argument before the committee, when the question of the mistakes in diagnosis was taken up, it was urged that an optometrist made as few mistakes as a doctor. The State has but one way for preventing these mistakes, and that is by establishing a standard of education and experience, and, while the State can not guarantee that the practitioner will not make any mistakes, it can establish a standard of efficiency that will reduce mistakes to a minimum. Before the optometrist can compare himself with the doctor, the optometrist must first qualify as a doctor; before he has done this, the State can not go into the question as to who is the most skillful.

THE OPTICIANS WHO OPPOSE THIS BILL.

The Opticians' League of the State of New York in this matter represents an invested capital of over one million dollars and its members employ over five hundred skilled mechanics. Its members, by heredity and training, it is confidently asserted, are at the head of their craft and highly skilled in the work of assisting the physician to treat the eye. Its members have contributed no little to the advancement of the art of mechanics as applied to the eye, and they do not fear any test as to their efficiency.

As honest men they most strongly protest against having their art placed in opposition to the practice of medicine and in being compelled, as they would be if this act was passed, to profess to be on the same plane as the doctor with his long, general and professional training.

They have nothing to gain personally by the passage or defeat of this bill further than the satisfaction of being permitted, if the bill is defeated, of plying their trade on an honest basis without the false advertising, incident to a misleading license by the State, and without being compelled to parade as possessors of knowledge which they do not possess, and without which knowledge they could not possibly do the things they would be privileged to do through this bill.

The members of the "Opticians' League" are not "eyesight specialists" and do not wish any license, degree or help of any kind, with which to impose upon the people of this State. They are in a legitimate business that stands on its own merits, and they appeal to the Legislature to defeat any and all measures creating a permanent body of men who are declared by the State to be fitted to discharge responsibilities and to possess qualifications which, in the very nature of things, they can not possess.

The Opticians' League of the State of New York believes it will be a fraud on the people of this State, for laymen to practice on the human eye, and they do not wish to be made the victims of legislation that is vicious in principle and dangerous in practice, and to that end they join with the physicians and with all those who believe in keeping the practice of medicine in the hands of physicians, in making their protest against this bill.

But the League recognizes the impassable gulf between merchants and men of business, and the professional man. The members of the League desire no artificial bridge with which to cross from an honorable business to an unearned place in the ranks of the most skilled of all professions.

From time immemorial the doctor has had duties and responsibilities different from those of any other man, and the members of the League protest against the passage of this law that would make them "eye specialists" or optometrists, when they have no right to wear such a title or exercise such a calling.

THE TEXAS ANTI-TUBERCULOSIS ASSOCIATION.

The Texas Anti-Tuberculosis Association is an alien to Texas soil, having been born on the railroad train while the Texas Health Officers were en route to the International Congress on Tuberculosis. A meeting was called on the train with sixty-five members present, and Dr. W. M. Brumby was made temporary chairman, Dr. J. J. Dial, of Sulphur Springs, temporary secretary. Dr. Brumby stated the object of the meeting was to form a Texas Anti-Tuberculosis Association for the dissemination of knowledge concerning the causes, treatment and prevention of tuberculosis in Texas, and to secure legislation necessary for its relief and prevention. The Association is to be an organization composed of both the laity and the medical profession. With this object in view, Mr. J. W. Graves, of Austin, a laymen, president of the Texas Division of the T. P. A., was made president, and Mrs. Joseph B. Dibrell, of Seguin, president of the Women's Federated Clubs, was placed at the head of the list of vice-presidents. Mr. T. C. Yantis, of Brownwood, president of the Texas Bankers' Association, was made treasurer, and Dr. L. B. Bibb, of Austin, secretary of the State Health Officers' Association, was made secretary. This Association applied at Washington for affiliation with the National Association. The following is the list of officers:

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Dr. F. L. Barnes, Trinity.
Miss Ada Olivia, Houston.

CREAM OF EXHIBIT ON TUBERCULOSIS COMES TO TEXAS.

PHYSICIANS OF LONE STAR STATE CAPTURE EVERYTHING IN SIGHT AT SCIENTIFIC GATHERING.

DR. BURG BELIEVES KOCH'S VIEWS SOUND.

No ruthless souvenir hunter ever came away from an unguarded castle or historic pile with as many trophies as did the Texas delegation to the International Congress on Tuberculosis. It may be said to their credit that they did leave standing the building in which was housed the magnificent exhibition, the cream of which will be taken to Texas next week.

While the lion's share of the credit belongs to State Health Officer Brumby and State Quarantine Officer Carrick, they received valuable assistance from various members of the delegation in the raid which Texas made on the exhibition. The bulk of the magnificent display of New York, which Dr. Koch praised so highly, including the chart by Dr. Herbert Pease, which is a whole volume on the causes, prevention and cure of tuberculosis boiled down to a dozen meaty paragraphs.

In addition to the New York exhibit, Surgeon General Rixey of the navy has given to the Texans in the shape of a loan for an indefinite period, a part of the exhibit of the naval tuberculosis sanitarium at Los Animas, Col., comprising fifty of the largest photographs seen at the Tuberculosis Congress. Dr. Rixey has also instructed Captain Wright to furnish the Texas medical profession five hundred copies of the autograph booklet, explaining the mercurial treatment of tuberculosis at the naval hospital. Captain Wright himself has promised to come to Texas and deliver a series of lectures when the tuberculosis exhibit is being shown in the Lone Star State, provided his duties will permit him to leave Colorado.

CONTRIBUTIONS FROM ARMY.

Surgeon General Reilly, of the United States Army, was as liberal toward the Texans as Dr. Rixey, and out of the army exhibit at the Congress Texas will receive a number of charts showing how the army is fighting the disease and models of various wards at the army sanitarium at Fort Bayard, N. M.

Having obtained from the navy and army, the Texas delegation obtained a like concession from Surgeon General Wyman of charts, photographs and models of the Public Health and Marine Hospital Service Sanitarium at Fort Stanton, N. M.

Even Germany contributed to the exhibit that is destined to go to Texas. There will be from the Germans a series of charts in German and English, showing how the German health authorities are educating the public how to prevent communicating consumption to others through ignorance or carelessness.

One of the enthusiastic health officers from Texas who attended the Congress and participated in its technical sessions was Dr. Burg, city health officer of San Antonio, late official of the Imperial and Royal Hospital at Vienna.

Dr. Burg summed up his impressions of the work of the Congress from the standpoint of a physician as follows:

DR. BURG'S IMPRESSIONS.

"The International Congress on Tuberculosis is of great importance, not only in a scientific way, but also in a moral way, by turning the attention of the public to this important disease, awakening them and making them alive to the important fact that tuberculosis is a preventable and curable disease.

"As far as the work of the Congress is concerned, it must be said that a good deal of light has been shed on many questions and that a great deal of information has been given and received by the medical profession. It has emphasized the generally adopted and known rule that, especially for tuberculosis in its early stages, fresh air, sanitary housing, personal and general cleanliness, proper food and very little medication are the means of curing tuberculosis. Climatical change is advised as additional aid, provided conditions are such that the patient actually gains instead of losing advantages.

"A real revolutionizing idea, though, was not brought forward, although some of the authorities claim to be near it, or promised to lay some important discovery before the world in the near future. The most interesting thing in this connection is that some authorities, like Professor Barber, of the

University of Kansas; Dr. Ishigani, of Japan; Professor Calmette of the Pasteur Institute, of Lille, Franee; Dr. Bartel, of Vienne, and others have eontributed the scientifie novelty that not serum and extraets of the tuberele baeilli are to be used in a preventative way, but that the living tuberele baeilli are used. From their experiments they elaim to be justified in their hope that they will be able to reeeive the same satisfactory results in human beings as in animals.

"But the burning question for the seientifie world was whether Professor Koch, who played the leading rôle in the Congress would have something to say in regard to his formerly expressed opinion that bovine tubereulosis is different from human tubereulosis, and that the bovine tuberele baeillus is different from the human tuberele baeillus.

STANDS WITH DR. KOCH.

"In the previous International Congress he gave it as his opinion that they are different; that eattle ean not be infeeted by the human tuberele baeillus; that human beings are rarely infeeted by the bovine baeillus, and, if so, not to a dangerous degree, but forming sueh a small factor in human tubereulosis that he eonsiders it a negligible quantity. The whole Congress was in a tension to hear what he would have to say at this Congress, and when that giant in scienee, that indefatigable and reliable researeher again declared that eontinued experiments, extending over several years, still eonfirmed him in his former opinion, and that the experiments earried on by others to refute his eontention were not above suspicion, he ereated a sensation in the assembly. So far Koeh stands alone in his opinion; scores of seientists combat the idea; authorities in Europe and Ameriea expressed eontrary opinions; but I am inclined to believe that Koeh, like in a good many other questions, will also prevail in this one.

"The exhibits shown from the different institutions of learning and sanitoria offered extraordinary and valuable instruetions to the visitors in every respeet. Not only pathologieal and histologieal speeimens were there in abundance, but also models and speeimens of everything appertaining to housing, sanitation and treatment were there to be seen with the lecturers and demonstrators ready to give explanation of everything.

"Aside from all that, the mingling of so many physicians from so many parts of the world and of this eountry had an elevating effeet on every visitor, and made the partieipation in sueh a Congress a remembranee of life."—*The Washington Herald*, October 8th.

SUBSCRIPTION TO THE FUND FOR THE ENFORCEMENT OF PUBLIC HEALTH LAWS.*

Dr. H. W. Cummings, Hearne	$ 10 00
Dr. I. C. Chase, Fort Worth	10 00
Dr. C. E. Cantrell, Greenville	10 00
Dr. J. S. Lankford, San Antonio	10 00
Dr. James A. Hill, Groveton	10 00
Dr. W. R. Thompson, Fort Worth	10 00

RESOLUTION INTRODUCED IN THE INTERNATIONAL CONGRESS ON TUBERCULOSIS BY A COMMITTEE APPOINTED FROM A CONFERENCE OF DELEGATES OF EIGHT STATES.

WHEREAS, It has been demonstrated that the sanatorium treatment of tubereulosis is often superior to any other treatment, and that ignorant or eareless persons, espeeially the poor, suffering from the disease are aetive agents in the spread thereof, and

WHEREAS, The poorer elasses are unable to maintain themselves in private sanatoria; therefore be it

Resolved, That eaeh national government or large subdivision thereof be urged by the International Congress on Tubereulosis to provide a suitable sanatorium for the accommodation of the indigent consumptives in the territory of said national government or large subdivision thereof. And be it further

Resolved, That all cities therein be urged to establish and maintain hospitals for the care of advanced eases of eonsumption.

(Signed) Dr. Porter, St. Louis, Mo.; Dr. Cross, Kan City, Mo.; Dr. J. L. Dandurant, St. Joseph, Mo.; Mr. R. Newton, St. Louis, Mo.; Dr. David R. Fly, Amarillo, Tex; Dr. F. Pasehal, San Antonio, Texas; Dr. W. E. Settle, Wynwood, Okla.; Dr. E. M. Bailey, Shawnee, Okla.; Dr. S. Emily, Kansas; Dr. F. J. Mayer, New Orleans, La.; Dr. Jo W. Foss, Phoenix, Ariz.; Dr. Bulloeh, Silver City, N. M.; Love, Denver, Col.

DR. W. M. BRUMBY, Austin, Texas, Chairman
DR. S. J. CRUMBINE, Topeka, Kansas, Secretary

*The list eontains voluntary eontributions, submitted without solieitation just as we are going to press.

INSURANCE NOTES.

The following eompanies are now paying the $5 rate for l insuranee examinations:

IN TEXAS.

Ameriean National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chieago, Ill.
Northwestern National Life, Minneapolis, Minn.
Paeifie Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Conneetieut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hartford Life, Hartford, Conn.
Haneoek Mutual Life, Boston, Mass.
Massaehusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacifie Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Relianee Life, Pittsburg, Pa.
State Mutual Life, Woreester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR E AMINER'S FEE.

By mutual agreement, the following eounties are enforci the $5 flat rate for insuranee examinations.

Anderson.	Cooke.	Hale.	Lampasas.
Bandera.	Dallam.	Haskell.	Leon.
Bastrop.	De Witt.	Hemphill.	Lipscomb.
Blaneo.	Eetor.	Hill.	Lubboek.
Bosque.	El Paso.	Hopkins.	Madison.
Briseoe.	Edwards.	Howard.	Martin.
Burnet.	Erath.	Hamilton.	Medina.
Caldwell.	Fannin.	Harrison.	Midland.
Cass.	Fisher.	Hartley.	Milam.
Camp.	Floyd.	Jasper.	Montgomery.
Childress.	Franklin.	Johnson.	Morris.
Clay.	Gillespie.	Karnes.	Newton.
Colorado.	Gonzales.	Kaufman.	Nolan.
Collin.	Grayson.	Kendall.	Ochiltree.
Comal.	Guadalupe.	Kerr.	Orange.

Potter.	San Augustine.	Swisher.	Van Zandt.
Rockwall.	Sherman.	Titus.	Wilbarger.
Roberts.	Smith.	Travis.	Williamson.
Robertson.	Stephens.	Upshur.	Wood.—79.
Runnels.	Stonewall.	Uvalde.	

HOW ONE COUNTY MEDICAL SOCIETY ADOPTED THE FLAT FEE OF $5 FOR OLD LINE LIFE INSURANCE EXAMINATIONS.

Since a former Attorney General of Texas has given it as his opinion that it would be no violation of the law for physicians of this State to adopt and enforce a flat fee of $5 for life insurance companies, and since there are many counties in Texas which have not adopted this fee bill, I desire to present the plan adopted by the.....County Medical Society with great and quick success.

Below it will be observed in circular No. 1 that the secretary first sent out to every practicing physician in the county a preliminary agreement to be signed and returned to him, the agreement stating that unless 90 per cent of the physicians of the county also signed and returned the said agreement that such should beeome null and void. Enclosed with this agreement were stamped envelopes (directed back to the secretary) for reply. Every physician in the county but one (and he had been expelled from the society) signed and returned the agreement to the county secretary.

On receipt of the returned circular (No. 1) the secretary then brought the matter before the society, which then appointed a committee of five members. This committee then adopted circular No. 2 for final agreement. Circular No. 2 was then sent out in the same manner as circular No. 1 (that is to say, with stamped envelope direeted back to the secretary). It was found that some physicians were slow in answering the final agreement, so that personal letters had to be written them. Finally every physician but two in the county signed the agreement and the flat fee of $5 for complete medical examinations for old line insurance companies was afterwards ratified at a meeting of the society and every doctor in the county was notified by letter that such an agreement had been consummated and had gone into effeet.

This plan, therefore, has been proved eminently successful, and it should be tried in counties in which some of the larger cities are located as well as in sparsely settled counties.

The eirculars should also be sent to homeopaths, eclectics and osteopaths, and their names should be signed the same as members of the regular school of medicine.

The subject of examination for fraternal orders was not included in the agreement adopted by.....county.

Try it.

Agreement No. 1.—Fees for Life Insurance Examinations.

Kindly sign this agreement and return at once to Dr.....,
....., Texas.

I hereby agree to sign my name to an agreement which will be subsequently sent me by which I will pledge to the medical profession of.....county that I will not make a full and complete medical examination (such examination to include a chemical examination of the urine) for any old line life insurance company for any sum of money less than $5 for such medical examination.

It is further understood that this agreement on my part shall not go into effect, and becomes null and void and does not bind me in any manner whatever, unless 90 per cent of the active practitioners of medicine in.....county also sign this agreement and return same to the secretary of .....County Medical Society, and further it shall be understood that such agreement does not apply to any fraternal order, nor medical examinations in which an examination of the urine at the time is not required.

(Sign here).....

In explanation of the above, the secretary desires to say that anyone by signing his name does not now pledge or bind himself to any agreement, and that no action in this matter can be taken unless 90 per cent of the practitioners of medicine in.....county also sign this agreement. The object is simply to learn whether such on agreement ean be made. Seventy-nine counties in Texas already have adopted this uniform fee. Let us add.....county to that list.

This announcement program and stamps will cost the society a large sum of money, as a eopy of it, together with stamp, must be sent to every active practitioner in the county, so that no delay may occur and you are urged to sign the same and return at once to Dr....., ..., Texas. A stamped envelope is enclosed for your reply.

....., Secretary.

Circular No. 2.—Final Agreement for Fees for Life Insurance Companies.

Dear Doctor: The undersigned committee begs to inform you that every physician in.....county to whom the former agreement was sent, signed and returned the agreement that they would not make any complete medical examination for any old line life insurance company doing business in Texas for any sum of money less than $5 for such examination. In order that this agreement may be final and go into effect at once, kindly sign the final agreement below, notify your companies, and return agreement to Dr....., ..., Texas.

Agreement.

I hereby pledge to the medical profession of.....county, Texas, that I will not make a full and complete medical examination (such examination to include a chemical or microscopic examination of the urine) for any old line life insurance company for any sum of money less than $5 for such examination.

(Sign your name here).....
(Signature of committee.)

THE INDUSTRIAL REVIEW.

In August we received from one of our correspondents a statement regarding the plan of the *Industrial Review*, an insurance journal published at Philadelphia, which solicited subscriptions, and in addition to the journal promised to publish the names of the subscribers and enroll them on a list of $2 examiners to be submitted to insurance companies. It seems that this journal was devoted to industrial, health and accident insurance, and not life insurance. The *Review* printed a list of three Texas doctors. We noticed the matter and republished the list in our columns. Dr. John W. Embree, of Dallas, and Dr. J. Edward Hodges, of Houston, have both since written that their contracts do not refer to life insurance, so that any criticism on the score of their making cheap life insurance examinations was unwarranted. A marked copy of the *Industrial Review* for October 1st replies to our notice in a two-column article in which the editor takes occasion to say many harsh things. We regret that an error should have been made regarding the kind of insurance handled. We are not prepared to state that we made any mistake in condemning the offer of advertisement and insertion on a roll of honor in return for a subscription. The subscription price paid is no guarantee or evidence of ability. The self-interest and weakness in the plan of selection is further seen from the disregard shown as to whether those recommended as examiners were members of county societies or not. Such membership does not insure ability, but is the only satisfactory evidence of sound professional progressive spirit and ethical standing at home.

COMMUNICATIONS.

State Medical Association of Texas.
Office of the President.
Hearne, Texas, October 22, 1908.

To the County Societies and Members of the State Medical Association:

Many of you have doubtless noticed in the daily press, as well as the last issue of the State Journal of Medicine, that the action of the Board of Medical Examiners, in their efforts to enforce the new medical law, has been attacked in the courts of the State. In some of these cases the decision of the courts has been adverse to the Board, thus making the constitutionality of the law a question for decision in the higher eourts.

This law, as you all are aware, was prepared and presented to the House of Delegates of the State Association, for its approval before it was introduced into the Legislature. Its purpose was to lift the profession of medicine from the

very low plane it then occupied, and to establish in this State a standard of proficieney which would require of those who sought to administer to the sick and injured to give proof of a reasonable qualification, both in learning and professional integrity.

The present Board, in trying to carry out the spirit of this law, has, of course, met with opposition from those who were unwilling to meet its requirements.

Now, while the entire citizenship of the State will be affected by the influenee of this law, it yet remains for the profession to take the lead in its defense, just as we must do in all such matters pertaining to the welfare of public health.

The Board, finding itself unable, financially, to carry on the fight in the higher courts, has appealed to the Board of Trustees of the State Association for assistance. After due consideration on the part of the trustees, they have concluded that they were not justifiable in using the funds of the Association for this purpose, without the action of the House of Delegates.

I appreciate their position and eoncur in their eonclusion; and yet I see in the attack upon this law a serious thrust at the prineiples eontained therein, and feel that the dangers to higher medieal standards, create an emergency.

Believing, as I do, that every intelligent and ethieal physician in Texas is directly interested in the defense of this law before the higher courts, and realizing that it requires funds, not now available, I am unwilling to let the matter pass without a plain presentation and an earnest appeal to every county society, as well as every individual member of the State Medieal Association, for voluntary contributions to a popular fund to be used in its defense. As President, I am joined by other officers of your Association in taking this step to meet the appeal of the Board of Examiners. Kindly remit as early as possible whatever amount you desire to contribute to Dr. I. C. Chase, Secretary, Fort Worth, who will give proper credit for the same.

With a sineere desire to add my mite to the uplifting of the standard of medicine in Texas, I am

Very truly,

H. W. CUMMINGS, *President.*

STATE MEDICAL ASSOCIATION OF TEXAS.

OFFICE OF THE PRESIDENT.

HEARNE, TEXAS, October 23, 1908.

To Chairmen and Secretaries of Scientific Sections.

GENTLEMEN: Feeling sure that each of you join me in an earnest desire to make the next annual meeting of the State Medical Assoeiation one of the most interesting as well as profitable in the history of the organization, and realizing that within the next two months many of the most important district and county meetings will be held, I am ealling your especial attention to the matter of beginning work upon the program for the next meeting.

As I understand the by-laws of the Association, with the exeeption of special papers, you must secure your program from those papers which have been presented to the various district and county societies during the year.

Will you not, therefore, begin as early as possible making inquiry of those who have written papers of interest, as well as to request of such men as you think will do so, to prepare a paper upon some subjeet suitable to your section?

In the arrangement of the program I shall endeavor to so plaee the sectional meetings as to conflict as little as possible, and I trust that we may succeed in making the entire time of mueh interest and value to those who attend the sessions, as well as give due consideration to those who take the pains to favor us with their contributions.

I have the promise of two or three prominent physicians out of the State to visit us at our meeting in Galveston, and make addresses which I am sure will add mueh to the value of the meeting.

If any chairman or secretary has in mind anyone not a member of the Association to whom he would like to extend an invitation to visit, kindly do so, and upon notiee I will add my request. Those who are members of the Association who have papers which they would like to present to the Assoeiation, will please communieate to the chairman of sueh seetion as title might indicate.

Trusting that the chairmen and secretaries will get in touch with one another as early as convenient to begin the work, and assuring you of my confidence that your sectional work will reflect eredit both upon you and the Associati I am

Very truly yours,

H. W. CUMMINGS, *President*

NEWS.

The Fifteenth or Northeastern District Society meets N vember 11th in Texarkana.

The Texas State Board of Medical Examiners will hold next meeting at Dallas, November 10th.

The First and Second or El Paso-Big Springs District M ical Society will hold its next meeting at Colorado, Novem 17th.

Meeting of Texas Homeopathic Medical Association.—T Texas Homeopathie Medical Association held its twenty-fou annual convention in San Antonio, October 8th and 9th.

New Home for Quarantine Inspector.—The contract for t home of the Quarantine Inspector at Galveston has been let a Galveston firm for $5005. Its ereetion will begin at an ear date.

Diphtheria Closes Schools.—Dr. W. T. Dawe, of Gonzal county health officer of Gonzales county, ordered the scho of Waelder closed for one week during October on account several eases of diphtheria at that place.

Dr. Brumby as Judge.—Dr. W. B. Russ, of San Anton who was appointed as one of the judges on exhibits at t International Congress on Tubereulosis, was unable to ser and Dr. W. M. Brumby was appointed and served in his stea

The Three Bad B's.—"We doggedly despise counsel a warning, continue to poison ourselves perseveringly with b air, bad water, and bad food, the three "B's" that accou for 90 per cent of our unnecessary deaths."—*Samuel Hopki Adams, in McClure's for July, 1908.*

Lone Star State Medical Society.—The Lone Star Sta Medical Society, the State organization of colored physician held its annual meeting in Dallas October 21st and 22nd. Th organization is reported to be in a prosperous condition, a a scientifie program to have been of a very helpful characte

Small Damage by Fire at Southwestern Insane Asylum. Prompt aetion on the part of the fire company prevent serious damage at the Southwestern Insan Asylum at Sa Antonio. The slaughter house was set on fire by a defecti flue and damaged to the approximate amount of $100.—*Sa Antonio Express.*

Dr. Lankford Ill.—Dr. J. S. Lankford, of San Antonio, Pre ident of the Board of Trustees of the State Medical Associatio of Texas, on returning from his trip to Washington, was u expeetedly stricken with a cardiac disturbance, which h prostrated him and threatens to be of a serious nature. La reports indicate some improvement in his condition.

Homes for Tuberculous Patients.—Dr. Boyd Cornick, of Sa Angelo, has had a dozen one-room bungalows erected in t suburbs of San Angelo for the accommodation of patients i the early stages of tubereulosis. Dr. Cornick is arrangin to have an additional number of these rooms built as a commodations for this elass of health seekers are yet very i adequate.

Credit to Harrison County Commissioners.—The Count Commissioners of Harrison county are to be congratulate upon their interest in public health matters, which was show by their sending the county physieian at their own expen to Washington as their representative to the Internationa Congress on Tubereulosis.

El Paso Almost Rid of Dogs.—The police in El Paso hav undertaken to rid the city of unmuzzled dogs. Within thre days 285 dogs were shot. Not a dog now appears on the street This drastie action was taken after eight or nine people ha been bitten within two days by dogs, one of which was pro nounced rabid.—*San Antonio Express.*

Resignation of Santa Fe Surgeon.—Dr. M. E. Lott, of Tem ple, who has been for the past three years house surgeo

for the Santa Fe Railway hospital, has resigned this position to accept one of associate chief surgeon of the Texas Central Railway at Walnut Springs. Dr. Marcel W. Sherwood, of Gainesville, late of Bellevue Hospital, New York City, succeeds to the vacancy in the Temple hospital.

The Fifth District Medical Society will meet at San Antonio, November 20th. The secretary writes that the meeting will be a "hummer." Drs. Isadore Dyer and Geo. Dock, of New Orleans, Dr. M. L. Graves, of Galveston, Dr. A. C. Scott, of Temple, and other prominent visitors will be in attendance from the different parts of the State. A hearty welcome to the profession is extended.

The Southwestern Dental Association met in annual session in San Antonio, October 10th. The officers elected for the coming year are: Drs. J. W. Graham, San Antonio, President; T. A. Anderson, Corpus Christi, Vice President; F. W. Smith, Austin, Secretary-Treasurer; Dr. J. M. Cavender, of San Antonio, was made Chairman of the Executive Committee. The next meeting will be held in Austin.

Manufacturers of Celery Cola Convicted.—On October 7th J. C. Mayfield, of Dallas, entered a plea of guilty for manufacturing a soda fountain beverage, Celery Cola, which contained cocain. This is a distinct triumph for the pure food laws of Texas, and for Dr. J. S. Abbott, the Commissioner, as it is the first conviction in America for the adulteration of popular drinks by extract of *Erythroxylin coca.*

Opening of the Texas Dental College.—The Texas Dental College, at Houston, began its fourth annual session October 7th in its new building, and with much new equipment. The college has made application to the National Association of Dental Faculties for membership, and reports have been received from the chairman and secretary of that Association assuring the college that it will be admitted at the next meeting of the Association.

Bureau of Public Health.—"I have long been of the opinion that the various agencies of the national government established for the preservation of the national health, scattered through several departments, should be rendered more efficient by uniting them in a bureau of the government under a competent head, and that I understand to be, in effect, the recommendation of both parties."—*Extract from the Hon. William H. Taft's speech of acceptance.*

Insane Asylum at Terrell Damaged by Fire.—On the night of October 17th, the Woman's Building of the Insane Asylum at Terrell was damaged by fire to the extent of $20,000. The part burned was erected during the administration of Governor Sayers at a cost of $32,000. In removing the 250 patients from that ward no lives were lost, or injuries sustained, except one attendant, whose wrist was badly cut by falling glass. The fire originated from defective wiring.

Quaker Doctor Arrested.—On an indictment presented by the Federal grand jury at Houston, Dr. Lafayette Berry, a specialist, was arrested at Austin, and after being given a hearing was released on an appearance bond of $1500. Dr. Berry is a member of the healing staff of the Quaker doctors who operated in Houston last year. It is alleged that he obtained money from victims under promise to either cure or refund their money. In many instances it is claimed that he failed to either cure or refund the money.

Dr. Fly Thanks Friends.—Dr. David R. Fly has returned from the International Congress on Tuberculosis at Washington, filled with enthusiasm and plans for pushing this campaign in Texas. Dr. Fly was sent to Washington as the guest of the Panhandle District Medical Society, a large number of friends testifying their esteem by contributing toward his expenses. Dr. Fly's health is much improved, and he wishes to thank his many friends for the courtesy extended him and the many warm letters of friendship received.

The Concentration of Health Bureaus.—We hope and expect at the next session of Congress to see the foundation of a powerful health organization laid by the concentration into a single department of the present health bureaus—for example, those on quarantine, pure food, vital statistics, etc.—now scattered through several departments of the government. Such a concentration will be in the interest of economy and efficiency, and will be a great advance toward the government control of certain matters of transcendent importance relating to health, education and national efficiency.—*American Health.*

Recent Report of the Live Stock Sanitary Commission.—According to the report of the Live Stock Sanitary Commission, filed with the Governor on October 17th, 600,000 head of cattle were inspected and permitted to be moved during the last fiscal year. The report also states that herds affected with tuberculosis were found in Dallas, Fort Worth, El Paso, Houston, Galveston and Austin, and out of 2000 cattle examined an average of 2 per cent of them was afflicted. The Board desires $25,000 yearly to carry on its work.—*Houston Chronicle.*

The Medical Association of the Southwest at its recent meeting in Kansas City selected San Antonio as the next place of meeting. It was a large and enthusiastic gathering, composed of some 250 of the best men from the various States interested in the organization. Invitations for the next meeting were received from San Antonio, Dallas and Fort Worth. San Antonio received an overwhelming majority. Dr. Jabez Jackson, of Kansas City, was elected president; Dr. Joe Becton, of Greenville, Texas, was elected vice-president, and the enthusiastic and capable secretary, Dr. F. H. Clark, of El Reno, Oklahoma, was re-elected secretary and treasurer.

The Oklahoma State Board of Medical Examiners was appointed September 25th. The law requires that all schools shall be recognized, the Regulars to be entitled to four, Homeopaths two, Eclectics one, Physio-Medicals one, Osteopaths one. The personnel of the Board is as follows: Drs. W. T. Tilly, President, Muskogee; A. M. Chambers, Poteau; A. M. Butts, Holdenville, and A. E. Davenport, Oklahoma City, Regulars; Drs. J. Hensley, Oklahoma City, and R. M. Miller, Treasurer, Blackwell, Homeopaths; Dr. F. P. Davis, Secretary, Enid, Eclectic; and Dr. A. C. Montague, Vice-President, Muskogee, Osteopath. The Physio-Medical member has not yet been appointed. The first regular meeting for the purpose of examining applicants for license will be held in Muskogee, November 6th.

Medical Students Must Satisfy Preliminary Educational Requirements.—In a letter from Dr. M. E. Daniel, Secretary of the State Board of Medical Examiners, to Dr. Dero E. Seay, Secretary of the Southwestern University Medical College, is the following quotation:

"You need not make any apologies for informing prospective students who contemplate going out of the State that they will certainly be required to produce the same literary requirements upon application to this Board for examination after graduation that are now being exacted of all who enter the freshman year in Texas medical colleges. If it will help matters out any, I will state that the Board will freely grant you this privilege, as this is one requirement that is certainly going to be enforced. Yours very truly,

"M. E. DANIEL, M. D., Secretary."

Health Week Recommended by Harris County Medical Society.—In pursuance of the school board's policy to prevent the spread of contagious diseases in the public schools of Houston, and to give all possible benefit to the physical condition of the students, the members of the Harris County Medical Society recommend to the board that it appoint a "health week" as a season during every school session when questions of health and hygiene shall be discussed before the student bodies. The plan has been very successful in the New York public schools and is counted as an important factor in contributing to the success of New York's splendid progress in its fight against consumption. In ten years the health authorities of that city have lowered the mortality rate of tuberculosis 50 per cent.—*Houston Post.*

Smith County on Liquor Prescriptions.—In the *Daily Courier and Times*, of Tyler, Texas, October 3rd, is an article signed by nineteen leading men of Tyler, calling the attention of the public to the local option law which requires all persons, who sell intoxicants on prescription to file monthly with the district clerk all prescriptions on which such sales were made during the preceding month. The above leading citizens have signified their determination to publish in some newspaper the names of physicians who have written prescriptions so filed, and the number written by them during the month preceding. It is also contemplated to publish the names of persons for whom such prescriptions were written, and the disease as stated in such prescription for which such intoxicant was prescribed. Physicians are warned to give their genuine signature, and druggists are warned against selling

liquor unless sure of the authenticity of the signatures. This is probably aimed at some member or members of the profession found to be grossly violating the law.

New and Non-Official Remedies.—The following articles have been added to the list of new and non-official remedies approved by the Council on Pharmacy and Chemistry:

Adrin Sol. 1:500 (H. K. Mulford Co.).
Adrin Tablets 1-65 gr. (H. K. Mulford Co.).
Adrin Tablets 1-100 gr. (H. K. Mulford Co.).
Adrin Tablets 1-200 gr. (H. K. Mulford Co.).
Adrin and Cocaine Hydrochl. Tablets (H. K. Mulford Co.).
Adrin and Sparteine Sulphate (H. K. Mulford Co.).
Adrin Ointment (H. K. Mulford Co.).
Adrin Suppositories (H. K. Mulford Co.).
Adrin Comp. Vaginal Suppos. (H. K. Mulford Co.).
Gr. Eff. Carlsbad Salt (Artificial) with Phenolphthalein (H. K. Mulford Co.).
Panase (F. Stearns & Co.).
Panase Essence (F. Stearns & Co.).
Panase Tablets (F. Stearns & Co.).
Hemaboloids (Palisade Mfg. Co.).
Spirosal (Farb. of Elberfeld Co.).
Gr. Eff. Bromide and Acetanilid Comp. (H. K. Mulford Co.).
Gr. Eff. Caffeine and Sodium Comp. (H. K. Mulford Co.).

From the former list Ichthyolum Austriacum has been omitted, and at the request of the manufacturer the title "Diabetin" has been changed to "Levulose, Schering."

Meeting of the Texas Homeopathic Medical Association.—The twenty-fourth annual session of the Texas Homeopathic Medical Association convened at San Antonio on October 8th and 9th, Dr. H. B. Stiles, Waco, presiding.

The president's address recommended the formation of a bureau for the systematic study of the science of homeopathy, a three-year post-graduate course, certificates to be given upon its completion. The Association voted $100 to the American Institute of Homeopathy for the use of its committee on propaganda, and also doubled the dues for 1909. Dr. W. D. Gorton, Austin, was given sole charge of legislative work. Resolutions in memory of deceased brothers were spread upon the minutes. Discussion upon the papers read was participated in by every member, the therapeutic use of potentized radium exciting much interest. Before adjourning, the Association unanimously passed the following resolution:

"We, the members of the Texas State Homeopathic Medical Association, at its twenty-fourth annual session, do hereby express our confidence in the honesty and integrity of our late Homeopathic Examining Board, and in its Secretary, Dr. H. B. Stiles, believing that they were the victims of designing parties on the one hand, and that they labored under a misconception of the law in assuming that doctors' licenses could be recorded any time prior to July 12, 1908, instead of July 12, 1907, as is the common construction of the law by the legal profession."

A further mark of confidence was tendered Dr. Stiles, in that he was the only nominee for President, and re-elected unanimously. The officers for 1909 are: President, Dr. H. B. Stiles, Waco; First Vice-President, Dr. W. L. Smith, Denison; Second Vice-President, Dr. O. Hartman, San Antonio; Secretary, Dr. Julia H. Bass, Austin; Treasurer, Dr. F. L. Griffith.

Delegates of the Tuberculosis Congress Present at Washington.—Among some hundred delegates to the International Congress on Tuberculosis from the State of Texas, the following names of those present have been secured:

Anderson, Dr. W. H., El Paso.
Barnes, Dr. H. D., Tulia.
Barnes, Mrs. H. D., Tulia.
Berg, Dr. L., San Antonio.
Brumby, Dr. W. M., Austin.
Brumby, Mrs. Thekla M., Austin.
Bibb, Dr. L. B., Austin.
Blaloek, Dr. W. R., Dallas.
Boston, Dr. Ernest, Corsicana.
Beall, Dr. E. J., San Marcos.
Baskett, Dr. G. W., Van Alstyne.
Burg, Dr. S., San Antonio.
Barnes, Dr. F. L., Trinity.
Bryant, Dr. W. C., McKinney.
Calhoun, Dr. B. F., Beaumont.
Carrick, Dr. M. M., Galveston.
Coons, Dr. L., Wichita Falls.
Crosthwait, Dr. W. L., Holland.
Casparis, Miss Maude, Austin.
Casparis, Mr. H. R., Austin.
Collins, Mrs. C. F., Clifton.
Dial, Dr. J. J., Sulphur Springs.
Davis, Dr. C. E., Linden.
DuPuy, Dr. A. D., San Antonio.
Ellis, Dr. N. H., Midland.
Fly, Dr. D. R., Amarillo.
Fisher, Dr. T. B., Dallas.
Foote, Dr. S. A., Bay City.
Gallagher, Dr. F. W., El Paso.
Greenwood, Dr. J. W., Memphis.
Garrett, Dr. F. D., Gainesville.
Grizzard, Dr. L. A., Abilene.
Gober, Dr. O. F., Temple.
Gibbs, Dr. J. P., Houston.
Hale, Dr. Wm. C., Jr., Dallas.
Hale, Mrs. W. C., Dallas.
Hicks, Dr. F. M., San Antonio.
Hill, Dr. B. W. D., Dawson.
Hull, Dr. Theo. Y., San Antonio.
Holloway, Miss Elizabeth.
Jones, Dr. W. T., Fort Davis.
Johnson, Dr. C. L., Dallas.
King, Dr. F. B., Houston.
Lee, Mrs. Mary E., San Angelo.
Lankford, Dr. J. S., San Antonio.
Loving, Dr. J. M., Austin.
McDuff, Dr. J. M., Atlanta.
May, Dr. R., Whitewright.
McClellan, Dr. C. B., Rockport.
Milton, Dr. Solon, Fort Worth.
McFarland, Mrs. V. E., Eagle Pass.
Moody, Dr. G. H., San Antonio.
Monroe, Dr. D., Cameron.
Painter, Dr. F. U., Pilot Point.
Patton, Dr. W. D., Amarillo.
Pasehal, Dr. Frank, San Antonio.
Phenix, Dr. N. J., Colorado.
Pope, Dr. J. G., Coleman.
Red, Dr. S. C., Houston.
Russ, Dr. W. B., San Antonio.
Rhu, Dr. Herman S., San Angelo.
Reeve, Dr. W. T., Boerne.
Rowell, Mrs. J. S., Pearsall.
Sauvignet, Dr. E. H., Laredo.
Smith, Dr. M. M., Dallas.
Stoekton, Mrs. J. A., Bartlett.
Scott, Mrs. S. R., Waco.
Shindler, Mrs. Emma B., Dalhart.
Shappard, Dr. R. R., Anson.
Shappard, Mrs. R. R., Anson.
Shepherd, Hon. Morris, Texarkana.
Springer, Dr. J. I., San Antonio.
Stephens, Hon. J. H., Vernon.
Taylor, Dr. J. H., Marshall.
Thomas, Dr. E. M., Georgetown.
Turpin, Dr. T. J., Corpus Christi.
Wright, Dr. W. E., San Antonio.
Yantis, Dr. T. C., Brownwood.
Yeager, Dr. C. P., Corpus Christi.

The Texas Eclectics met in annual session at the Dalla Commercial Club, October 28th and 29th. The officers wer Dr. G. W. Johnson, San Antonio, President; Dr. C. D. Hud son, Waco, First Vice-President; Dr. C. E. Frazier, Weathe ford, Second Vice-President; Dr. M. E. Daniel, Honey Grov Treasurer; Dr. L. S. Downs, Galveston, Secretary. The se tions on Practice, Materia Medica, Surgery, Obstetrics an Gynecology were well supported, beside a large number of mi cellaneous papers were later read. Tuberculosis was amon the foremost topics that occupied the attention of the Associa tion. Dr. Rice's paper on the "Mosquito" was especially not worthy, as was the paper on "Vital Statistics" by Dr. Sull The Society's affairs were shown by the Secretary's report t be in excellent shape; 200 members were on the rolls. Th meeting of the first day had an attendanee of about fifty, an the number was materially increased on the second day. Stat Health Officer Brumby addressed the convention on "Quaran tine—What, When and How." Dr. R. O. Braswell, Physic Medical member of the State Medieal Examining Board, ad vocated harmony and co-operation in the medical professio as demonstrated by the history of the first year's work of th Examining Board. Dr. R. L. Thomas, professor of the Pra tice of Medicine at the Eclectic Medical Institute of Cincin nati, Ohio, was a visitor. More than one-half of the Ecle tics in Texas are said to be graduates of this school. He ad dressed the convention at night on "Education." Presiden Dr. G. W. Johnson delivered the annual address on "Politic in Medicine." On the second day Dr. C. D. Hudson, of Wac was elected President, Dr. H. H. Blankmeyer, Honey Grov Secretary, and Dr. M. E. Daniel, Honey Grove, Treasure Dallas was selected as the next place of meeting and the Na tional Eclectic Association was invited to meet in Texas i 1910. Dr. W. M. Brumby spoke on the "Prevention and Con trol of Tuberculosis." The Association adjourned one of th best meetings in its history to visit the Tuberculosis Exhib at the Dallas Fair.

DISTRICT SOCIETIES.

THIRD OR PANHANDLE DISTRICT.

The Hemphill-Roberts-Lipscomb-Ochiltree County Medic Society met at Canadian, September 4th, with a small atten ance. Program: "*The Roentgen Rays in the Treatment Cancer and Other Malignant Diseases*," H. C. Caylor, Can dian; "*The Relationship Between the Druggist and the Do tor*," H. J. Murrell, druggist, Canadian; "*The Relationsh of the Pharmacist to the Layman*," J. L. Jennings, pharmaci Canadian; "*The Ideal Physician*," E. F. Hamm, Canadian.

A $5 flat rate fee was adopted for all old line insuran examinations. The night fees for all ordinary visits doub that of day visits.

A reception was given the doctors and their wives by Dr Caylor and Hamm and their wives. Several laymen we present and made interesting talks. Dr. Fly, of Amarill Councilor of the Panhandle District, made a very interestin talk on "*Tuberculosis*," showing the methods the Internation Congress on Tuberculosis should adopt for the eradicatio and prevention of the great white plague. Hon. B. M. Bak just returned from a trip abroad, talked on the sanitar conditions of the eastern countries, which was greatly appr ciated by all. Attorney N. P. Willis, one of the most capab lawyers and orators in Northwest Texas created much merr ment with his original wit and humor.

The next meeting of this society will be held in Canadia the first Monday in December.

FOURTH OR SAN ANGELO DISTRICT.

The San Angelo District Medical Society met in Brownwood October 20-21. There were about forty-five physicians in attendance. The following program was rendered: *President's Address,* Dr. Thos. Dorbandt, Lampasas; *"Truth and Equity,"* Dr. S. A. Lowrie, Talpa; *"Umbilical Hernia,"* Dr. A. C. Scott, Temple; *"Organized Medicine,"* Dr. J. E. Dildy, Lampasas; *"Prophylaxis as Applied to Gyneeology,"* Dr. S. N. Aston, Coleman; *"General Obstetries,"* Dr. J. B. Townsen, Goldthwaite; *"Sterility of Woman,"* Dr. O. B. Maness, Coleman; *"Dysmenorrhea,"* Dr. N. Long, Santa Anna; *"Sub-Acetate of Copper in Diseases of the Skin,"* Dr. S. C. Parsons, San Angelo; *"Tumors of the Testiele,"* Dr. J. B. Shelmire, Dallas; *"Poisonous Reptiles of Texas and the Treatment of the Wounds They Inflict,"* Dr. T. Richard Sealy, Santa Anna; *"Appeal to Doctors and Health Officers of Texas,"* Dr. J. W. Blasdell, Ballinger. The papers were valuable and the discussions mutually helpful. The visiting physicians were entertained by the Brownwood profession by a smoker on the night of October 20th. The two chief toasts of the evening were: *"The Fourth District—Past, Present and Future,"* responded to by Dr. S. C. Parsons, of San Angelo; and *"The Medical Education of the Laity,"* by Dr. C. M. Alexander, of Coleman. This address dealt chiefly with the subject of public addresses by physicians in the public schools. The following officers for the coming year were elected: President, Dr. C. M. Alexander, Coleman; Secretary, Dr. J. W. Ellis, Lampasas, in the stead of Dr. S. C. Parsons, who has served for the past five years. Among the physicians outside the district who attended the meeting were Drs. J. B. Shelmire, of Dallas; A. C. Scott, B. F. Smith and J. M. Woodson, of Temple.

The next meeting will be held at Brady.

District Personal.—Dr. Sam Lowrie and Miss Sadie Evans, of Talpa, were married October 15th.

FIFTH OR SAN ANTONIO DISTRICT.

District Personals.—Miss Bettie Paschal, daughter of Dr. Frank Paschal, of San Antonio, and Mr. Geo. Sanders, of that city, were married October 17th.

Dr. J. C. Smith and Miss Tennie Qualls, of Pilgrim, were married at Gonzales, October 11th.

Dr. Van E. McFarland and wife, of Eagle Pass, have returned home from a three weeks' vacation spent in Washington, New York and Philadelphia.

Mrs. H. E. Lankford, mother of Dr. J. S. Lankford, of San Antonio, died in Waco, the home of her daughter, Mrs. J. W. Lee, October 17, aged 89.

SEVENTH OR AUSTIN DISTRICT.

The Williamson County Medical Society held its regular quarterly meeting October 16th at Georgetown. The attendance was good and lively interest was manifested. Dr. E. M. Thomas, county health officer, who attended the International Tuberculosis Congress, made a splendid report of his visit. The program was as follows: *"Cholecystitis, Its Diagnosis and Treatment,"* Dr. J. S. McCelvey, Temple; *"Iodoform Poisoning,"* Dr. C. C. Foster, Corn Hill, read by Dr. G. W. Foster, Georgetown. Dr. W. E. Campbell was received by transfer from Tarrant county.

EIGHTH OR DE WITT DISTRICT.

The Eighth or DeWitt District Medical Society met at Victoria, October 8th, with twenty members in attendance. The following program was carried out: *Invocation,* by Rev. Jno. B. Hudson, pastor of the First Presbyterian Church of Victoria: *Address of Welcome on Behalf of the Victoria County Medical Society,* Dr. W. A. Rape, Victoria; *Presidents' Address,* Dr. F. W. Kirkham, Cuero; *"Gall-Bladder Disturbances and Their Treatment,"* Dr. J. H. Reuss, Cuero; clinical case presented by Dr. E. A. Malsch, of Victoria; *"The Surgical Treatment of Carcinoma of the Rectum and Lower Pelvic Colon—With Report of Two Cases,"* Dr. Jno. T. Moore, Galveston; *"Some Neglected Phases of Malarial Pathology,"* Dr. W. Shropshire, Yoakum; *"Neuro-Retinitis Hemorrhagica,"* Dr. W. A. Rape, Victoria; *"Drainage, With Special Reference to Abdominal Cavity,"* Dr. E. A. Malsch, Victoria; *"Perineorrhapy,"* Dr. A. L. Lincecum, Louise; *"Clinical Notes on the Hypodermic Use of Adrenalin,"* Dr. F. B. Shields, Victoria; *"Possible Errors in the Theory of Transmission of Malaria,"* Dr. C. W. Letzerich, of Sublime, read by Dr. O. S. McMullen, of Victoria.

The officers elected for the ensuing year are: Drs. E. A. Malsch, Victoria, President; A. L. Lincecum, Louise, Vice-President; C. W. Letzerich, Sublime, Secretary-Treasurer. The next meeting will occur at Wharton. In the evening the visiting members were given an elaborate banquet, at which a most delightful time was spent.

This society has so modified its constitution and by-laws that membership in the county societies constitutes membership in the district society. County secretaries are requested to collect annually 25 cents per capita and forward to Dr. C. W. Letzerich, Secretary-Treasurer, Sublime, Texas.

The Trinity County Medical Society met September 24th, with twelve members present. Dr. W. J. Magee, of Groveton, presented a clinical case of *"Myxedema,"* and made an interesting talk on the subject. Dr. H. C. Bradley, of Groveton, read an interesting paper on *"Hook Worms,"* and exhibited a specimen of the eggs. It was decided that the society should meet bi-monthly, instead of quarterly.

District Personals.—Dr. Geo. R. Barnes, of Trinity, has been in West Texas for the past three months for the benefit of his health.

Dr. J. S. McDowell, of Groveton, has just returned from New Orleans, where he was operated on for gall-stones.

NINTH OR SOUTHERN DISTRICT.

District Personals.—Dr. S. J. Wilson and Miss Minnie Louise Lockmann, of Houston, were married in October.

Dr. C. E. Bruhl and Miss Ethel Garnett Kennedy, of Houston, were married October 20th.

Dr. A. Philo Howard and Miss Nancey Clark Flewellyn, of Houston, will be married November 19th.

THIRTEENTH OR NORTHWESTERN DISTRICT.

The Northwest Texas District Medical Association held its thirty-first semi-annual meeting at Wichita Falls, October 13th. Dr. C. B. Gant, Graham, presided; Dr. K. H. Beall, Fort Worth, read a paper on *"Heart Lesions";* Dr. C. H. Harris, Fort Worth, held a clinic doing two abdominal sections, Drs. Geo. D. Bond, Fort Worth, and J. M. Martin, Dallas, read papers on *"X-Ray Therapy."* Dr. I. L. VanZandt, Fort Worth, presented a paper on *"Collargolum."* Dr. Solon Milton, Fort Worth, reported the International Congress on Tuberculosis. The Association was moderately well supported by the local profession. After the session an auto ride to the lake was enjoyed.

FOURTEENTH OR NORTHERN DISTRICT.

The Denton County Medical Society met October 5th, with eleven members present. Program: Paper on *"Membranous Croup,"* Dr. D. F. Kirkpatrick, Lewisville; Dr. P. Lipscomb, of Denton, reported a case of a *"Woman Swallowing a Pin and Lodging in the Bronchial Tube";* Dr. G. D. Lain, of Sanger, reported a *"Case of Tedious Labor, With Complications";* Dr. W. C. Kimbrough, of Denton, reported *"Abscess Following an Infected Miscarriage."*

The Fannin County Medical Society met at Bonham, October 8th, with fourteen members present. The entire meeting was devoted to the discussion of ethical questions. A resolution was offered condemning members of this society consulting with irregulars, or doing surgical operations for them; also condemning offering, receiving or giving commissions, lodge or contract practice, and establishing a $5 fee for all insurance examinations. These resolutions will be voted on at the next meeting.

The Kaufman County Medical Society met at Forney, October 6th, with twelve members and two visitors in attendance. Dr. A. B. Small, of Dallas, was present and read a paper on *"Treatment of Abdominal Surgery,"* which was discussed by all present. The annual meeting will be held at Kaufman, December 1st, at which a banquet will be served and an interesting and instructive program rendered.

The Lamar County Medical Society met at Paris, October 1st, with fifteen members present. Dr. J. F. Fuller, of Sumner, read an interesting paper entitled *"Character an Essential to the Physician's Success."*

The Grayson County Medical Society met at Sherman, October 6th, with twelve members present. Dr. J. B. Stinson,

of Sherman, presented a paper entitled "*Indigestion*," followed by a general discussion of "*The Gall-Bladder*."

The Hopkins County Medical Society met at Sulphur Springs October 7th, with ten members present. Dr. M. C. Sheppard, of Brinker, read a very interesting paper on "*Pernicious Malaria*," which was freely discussed. The committee on advertising reported all obnoxious advertising eliminated, after which the committee was discharged. The next meeting will be held at Cumby, November 4th.

District Personals.—Dr. C. Lipscomb, Denton, who was injured the latter part of August in a street car accident, is able to be around again.

Mrs. J. R. Edwards, wife of Dr. J. R. Edwards, of Denton, died September 17th after a long and protracted illness.

Dr. W. D. Jones and Miss Carrie Irene Blayloek, both of Dallas, were married October 1st. They will reside in Dallas.

Dr. and Mrs. A. C. Walker, of Fort Worth, have returned from a visit to Chicago.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Bowie County Medical Society met in Texarkana, September 25th, with a very good attendanee. Dr. Nettie Klein read a paper on "*How to Transport Specimens from Patient to Laboratory*," and Dr. T. W. McCurry read one on "*Puerperal Eclampsia*." Both papers were interesting and were fully discussed. The following new members were accepted: Drs. Geo. M. Eckel, Hugh M. Helm and J. K. Smith, of Texarkana, and W. S. Tyson, of New Boston.

The Harrison County Medical Society met in Marshall, October 6th, with a large attendanee. Drs. W. W. Nelson and S. F. Vaughn presented interesting clinics for the consideration of the society. Both cases were fully discussed. A resolution was unanimously adopted extending to the Tri-State (Arkansas, Louisiana and Texas) Medical Association an invitation to hold its 1909 meeting in Marshall as the guest of the Harrison County Medical Society. The September meeting of the society, which was not reported, was favored with a visit from Dr. I. L. VanZandt, of Fort Worth, who made an extended talk on the use of creosote in the treatment of pneumonia, and the use of soluble silver as an intestinal antiseptic. Both talks were upon special request of the society, which afterwards thanked Dr. VanZandt by resolution.

The Marion County Medical Society met in quarterly session September 30th at Jefferson. The session was given over to the discussion of the new medical laws and their enforcement. A special meeting was called for October 28th, at which meeting direct action will be taken against all who have not complied with said laws. Every registered white physician in the county will be invited to be present and take part in the discussion. The resignation of Secretary Wisdom, who has removed to Texarkana, was accepted. Dr. A. A. Terhune, of Jefferson, was appointed secretary pro tem.

The Titus County Medical Society met October 13th, with a full attendance. The program was as follows: "*Burns in Children and Their Treatment*," by Dr. J. S. Taylor, of Cookville; "*Obstetrics*," by Dr. J. L. Rountree, of Argo; "*A Case for Diagnosis*," by Dr. A. A. Smith, of Goolsboro; paper by Dr. J. V. Dozier, of Winfield.

District Personals.—Dr. W. E. Wisdom has removed from Jefferson to Texarkana, at which place he will continue general practice.

Dr. C. F. Henderson has removed from La Fayette to Pittsburg.

Dr. H. Thornton, a well-known surgeon of Pittsburg, Texas, has accepted the position of demonstrator of anatomy at Barnes Medical College, and removed to St. Louis, to make that place his home.

Dr. J. B. Mars has removed from Daingerfield to Mexico, on account of his health.

Dr. C. E. Heartsill, of Marshall, visited Galveston professionally during the month.

Dr. J. H. Taylor, of Marshall, attended the International Congress on Tuberculosis, Washington, D. C., September 21st to October 3rd, making the trip by water, via New Orleans and New York.

Dr. G. P. Rains, of Marshall, made a professional trip to Galveston in October.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM SEPTEMBER 25 TO OCTOBER 20.

W. M. Land, from Brady to Lohn.
D. S. Stone, from Junction to San Marcos.
J. I. Collier, from Navasota to Purmela.
C. W. McBurnett, from Minerva to Trumbull.
W. E. Wisdom, from Jefferson to Texarkana.
S. P. Cunningham, from San Angelo to San Antonio.
S. H. Moore, from Houston to Weimar.
T. L. Hurst, from Shelbyville to Fort Worth.
A. D. Patillo, from Myra to Dallas.
W. H. Bennett, from Las Esperanzas, Mexico, to El Campo
Roy C. Black, from Commerce to Itasca.
J. H. Petty, from Franklin to Taylor.

NEW MEMBERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS FROM OCTOBER 1 TO OCTOBER 20.

Bowie County—Smith, J. K., Texarkana; Tyson, W. S., New Boston.
Childress County—Bryan, F. B., Childress.
Fannin County—Parrigen, W. G., Randolph.
Hale-Swisher County—Duncan, J. F., Plainview; Wayland, J. T., Plainview.
Navarro County—Greene, J. A., Blooming Grove; Chumny, W. , Wortham; Davis, J. S., Blooming Grove; Halloway, R. N., Corsicana.
Tom Green County—Kooken, R. A., San Angelo; Loomis, Caroline , Austin; Rhu, Herman, San Angelo.

NEW TEXAS MEMBERS OF THE A. M. A. FOR SEPTEMBER.

Anderson, A. M., Kenedy.
Haden, H. G., Galveston.
Hoeflich, C. W., Houston.
Lawrence, W. B., Comfort.
Loew, H. K., Brownsville.
Nesbitt, J. H., Honey Grove
Samuell, W. W., Dallas.
Steele, J. S., Monterey, Mexico.
Wharton, J. W., Lingleville.

DEATHS.

Dr. A. M. Denman, Tulane Medical College, was born ne Lufkin, Texas, September 30, 1858, and died at his home that city September 30, 1908. His death resulted from i juries sustained in being thrown from his automobile, whi collided with a switch engine.

Dr. Denman was one of the most progressive and enterpri ing citizens of Angelina county, and his death is deep mourned throughout this territory. He attended Roanol College at Salem, Va., in 1871; took post-graduate cours in medicine at Tulane in 1885-86 and 1890, and at the Ne York Polyclinic and Hospital in 1891. He established t Denman Hospital at Lufkin in 1896; has held the positi of health officer of his city and county, and has for sever years been an active member in his county and State medic societies.

Dr. M. E. Seale, Baltimore Medical College, was shot Burlington, Texas, August 31st, aged 37. Dr. Seale had pra ticed medicine eleven years—three years at Minerva and eigh at Burlington, Texas, where he had built up a good practic He attended lectures at Memphis Hospital Medical College ar later at Baltimore Medical College, where he graduated. H was for several years an active member of his county ar State medical societies. He was a man who always had cheerful word for everyone, and leaves a host of friends ar a wife and baby girl to mourn his death.

BOOK REVIEWS.

BOOKS RECEIVED.

Report from Pathological Department, Central Indiana Ho pital for Insane.

Paraffin in Hernia, Miller (Oak Printing Company).

Genito-Urinary Diseases and Syphilis, Ballenger (E. W. A len Co).

Diseases of the Nose and Throat, Coakley (Lea & Febiger)

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
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VOL. IV. DECEMBER, 1908. No. 8.

A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

Mercury in Tuberculosis.—Among the newer subjects discussed at the recent International Congress on Tuberculosis none received more notice than the mercurial treatment of tuberculosis as presented by Surgeon Barton B. L. Wright, in charge of the United States Naval Hospital, New Fort Lyon, Las Animas, Colorado. His first investigations began at Pensacola, Florida, in 1905, where he treated a number of tuberculo-syphilitics and observed that the pulmonary lesions improved more rapidly than before known in that climate. A mixed treatment of 1-20 grain of bichloride of mercury with 5 grains of potassium iodide was given three times daily. Upon returning from sea duty in 1907 and assuming charge of the Naval Tuberculosis Hospital in Colorado, he again took up the mercurial treatment. In two papers, printed in the *United States Naval Medical Bulletin*, and now obtainable from the government printing office, Washington, and in a later article in the *New York Medical Journal* of August 29, 1908, he reports a long series of accurate case records. His concluding words are:

First.—We have shown the almost immediate improvement in the general condition of the patient, following the administration of mercury; the slowing of the pulse, the reduction of temperature, and the gain in weight.

Second.—We have conclusively demonstrated that it will cure extremely advanced tubercular ulceration of the larynx and pharynx in a remarkably short period of time.

Third.—We have shown that it produces marked improvement in advanced pulmonary lesions, and that it has also a decided beneficial action on tubercular glands.

Fourth.—That the drug has a direct destructive action upon the tubercle bacillus seems most probable, judging from the laboratory reports upon sputum submitted for examination.

Dr. Wright emphasizes that large and increasing doses of mercury are necessary; that tuberculous patients are more tolerant of the drug than syphilitics, and the more advanced the tuberculous lesions the greater the tolerance. The claim of such a careful observer that "in mercury we have a specific for tuberculosis" is sufficiently startling and important to present his method of administration.

The preparation of mercury used is *Hydrargyrum succinimidum.* Just before the injections are to be given distilled water is boiled for at least twenty minutes. A solution is then made so that 0.64 c.c. (min. x) will be equivalent to gram 0.013 (gr. $\frac{1}{5}$) of mercury succinimide. The syringes and needles are boiled for twenty minutes.

The skin of the patient's buttocks is scrubbed with hot water and tincture of green soap, then washed with alcohol, followed by ether, and this in turn by a solution of bichloride (1-3000). The surgeon's hands are prepared as for any operation, and sterilized rubber gloves are worn. The patient being in a prone position on the table, the needle is driven deeply into muscle tissues by a quick downward plunge. If no blood escapes from the butt of the needle, the syringe is put in place and the drug injected. If blood escapes, a vein has been punctured, and the needle is, therefore, withdrawn and inserted at another place.

It has been our custom to start with gram 0.013 (gr. $\frac{1}{5}$) of the drug, and to repeat the injection every other day until 15 injections have been given; then to give gram 0.026 (gr. $\frac{2}{5}$) every fourth day until 15 more injections have been administered; then to give gram 0.039 (gr. $\frac{3}{5}$) once a week indefinitely. It is advantageous in some cases to give short courses of potassium iodide at varying intervals in conjunction with the mercury.

The above procedure can not be considered a hard-and-fast rule of routine, for some cases require larger doses and some smaller, and in this the physician must be guided by experience and close observation.

We have now over 1100 injections without a single abscess, and we have struck but five veins.

Now and again in one or two cases it has been found impossible for various reasons to administer the drug by injection, and in these cases mercury has been given by mouth in the following combination:

Hydrarg, chlor. corros.....	0.324 grams.
Tr. gentian. comp.....240.00	grams.

M. sig.—Teaspoonful in wine glass of cold water t. i. d. twenty minutes before meals.

This prescription has given excellent results, but does not act so rapidly as the injections.

The introduction of the needle is hardly felt; in about 50 per cent of the cases, shortly after injection, the region becomes slightly painful, and for several hours feels as if it was badly bruised, after which time this sensation gradually passes away. Occasionally a feeling of soreness persists for twenty-four hours.

Committee on Public Lectures Appointed.—In response to the following letter received from the Board of Public Instruction in Medical Matters of the

American Medical Association, President Cummings has appointed Drs. David R. Fly, Amarillo; Bacon Saunders, Fort Worth, and Albert Woldert, Tyler, as members of a Committee on Public Lectures to co-operate with the Board of Public Instruction and with the medical societies of the State in furnishing articles of public interest to the lay press and encouraging popular lectures on medical subjects.

The Board of Public Instruction in Medical Matters, which was established a year ago by the American Medical Association will have as one of its important duties the organization and development of a system of popular lectures on medical matters. These lectures, as stated by the Chairman of the Board, Dr. John G. Clark, in his report to the House of Delegates, are to be given under the auspices of the American Medical Association, both directly and through the State and county medical societies. It is proposed that a general plan be prepared by the Board, to which the courses in different parts of the country may conform, with such modifications as special local conditions may render advisable. Such a plan, which will in the main follow the lines of the provisional program for published articles contained in the Chairman's report, is now in preparation.

As the plan has already been tried in some of the large cities, it may be said to have passed the experimental stage, and its educational value is splendidly illustrated by the effective work done in a special line by the official lecturer of the National Association, Dr. McCormack.

It is hoped that the preliminary organization can be completed during the summer, so that the actual work may be begun in the fall. The expenses, which need not be large, will be met by the individual societies. The Chairman suggests that as soon as possible, the Presidents of the State and county societies appoint a Committee on Public Lectures, who will co-operate with the medical societies of their own State and with the National Association through the Board of Public Instruction in organizing this work.

Yours very truly,

R. Max Goepp,

Secretary Board of Public Instruction.

Philadelphia, September 30, 1908.

Amusing Incidents.—We were wandering in the midst of the Panhandle agricultural exhibit at the Dallas Fair. The pumpkins, yams, watermelons, squashes and other products were nearly as large as the tales which were told of the wonderful land of the Panhandle, when suddenly our attention was arrested by a large sign over the Dallam county exhibit. "The people of Dallam county pay no doctors' bills." "Have some of our literature," said the barker. "Come up and live with us. Buy a farm and make some money." It was then that we hardened our hearts and broke to him the news as gently as possible that we lived in a community where, alas! there were already too many people who did not pay their doctors' bills, and at present we could not enjoy the luxury of such a suicidal policy as a movement to the county of Dallam.

The other day we stepped into the office of the *San Antonio Express*, shook the hand of the genial managing editor, and thanked him for the notice he gave to public health matters, especially to the meetings of the medical profession. We told him that we thought that San Antonio had the best organized and the most harmonious medical profession of any large city in Texas. It was then that he told us the following story: "You see, we are trying to raise a large bonus for a new railroad, and we were organizing a campaign with committees of merchants, lawyers, doctors, etc., each to raise their share of the bonus among their respective business associates. When we came to appointing the doctors' committee, some one exclaimed: 'Don't send doctors to see doctors. Don't you know that half of the doctors in town don't speak to the other half?' After a moment's silence, some one said: 'Brother, you haven't been in San Antonio long, have you? That sounds as though you lived in North Texas.'"

A Remarkable Decision.—Under this head the November issue of the *Texas Medical Journal* expresses a view, rather prevalent among the medical profession, that Judge Sluder was in error in deciding that the funds of the State Examining Board are liable for the costs of unsuccessful suits involving the medical practice act.

"Seriously, if this decision 'goes' as the proper interpretation of the law, it effectually blocks the game—protects the quack and puts the Board to shame. They are powerless. They have no money. It defeats the purpose of the law. No provision is made in the law for the prosecution of quacks *by the Board;* it is not the Board's business to prosecute the case, but only to request the county or district attorney to bring suit. If the suit is to revoke a license for gross unprofessional conduct, advertising that is fraudulent and calculated to deceive or for other reason than violating the law (which would necessitate criminal proceedings), it is a civil suit and a *State case:* the State is the plaintiff and the accused is the defendant; the Board is only the informant; and while the complaining member must appear as a witness, he is in no way—nor is the Board—responsible for the costs, any more than I would be, or any other citizen, who puts the authorities 'next,' say, reports the infraction of any statute, civil or criminal. If such opinion is to hold, no one would dare inform against any criminal or offender against any civil statute."

The Annual December Elections will soon provide a new set of officers for our county societies. In this connection the following from an obscure corner of one of our former volumes is worth reprinting:

The County Secretary is the most essential, as well as the most overworked, underrated, unappreciated part of the county organization. Unethical censors, apathetic public health committee, inaccurate treasurer, dallying delegate, an unparliamentary president, all these may be tolerated until the next election, but no county society can do its destined work with a negligent, disinterested or tactless secretary. In the coming election every society should earnestly study its personnel, and thoughtfully select therefrom for secretary its most faithful, conscientious and capable man. In his hands lies the success or failure of the county society. It is everywhere demonstrated that one man can make a county society. If the success of the past year has been less than was hoped, first ask as to the efficiency of the secretary. Any man who accepts the secretarial position should see in it an opportunity and duty to accomplish one of the greatest

works given a man in any community—the amalgamation and uplifting of the profession and the safeguarding of human life. He should study the demands of his position, the local professional situation and the methods of extending the influence of his society. The problem of building up a live society is largely one of finding or training a suitable secretary.

The Fund for the Protection of Public Health Laws is growing satisfactorily. President Cummings is exercising more than ordinary care in the selection of the committee for its administration. At the time of our going to press the committee has not been announced, but will be within a few days. Letters have been sent to the officers of county societies urging them to start a popular subscription to this fund. Two years ago upward of a hundred physicians were enough interested in the passage of a new and better medical law to go to Austin. At this time, to render this law effective, it is imperative that the profession raise some money. The amount asked is a slight sacrifice compared to a trip to Austin. It is hoped counties may immediately send in their subscriptions, as the money is needed in December. The committee and a list of subscriptions will be printed in our January issue.

To Non-Members of County Societies.—There are 3322 physicians in Texas united in county societies and a State association to further their scientific attainments, the elevation of the ethical sentiment of the profession, and advancement of public health interests. Organization has established this JOURNAL. The new medical law, the higher requirements for State medical colleges, the maintenance of the $5.00 insurance examination fee, the campaign against nostrums, the agitation for a State Board of Health and a State Tuberculosis Sanitarium are examples of what organization has and is accomplishing.

The new law requiring registration in district clerks' offices has enabled us for the first time to determine how many and who are licensed physicians in Texas. Your name appears among 4050 others as physicians who have not affiliated themselves with the organized medical profession of the State. Of this number approximately 175 are Eclectics, 105 Homeopaths, 30 Physio-Medicals, and 70 Osteopaths. This leaves over 3600 physicians in Texas practicing regular medicine who are, or should be, eligible to membership in their county societies. The December number of this JOURNAL goes to 2000 non-members. To these we present an urgent invitation to affiliate with their county societies.

WHY YOU SHOULD JOIN A COUNTY MEDICAL SOCIETY.

1. Because it federates and brings into a compact organization the entire medical profession of the county.
2. Because friendship, mutual respect and unity of sentiment are promoted by direct personal intercourse.
3. Because it builds up social intercourse between physicians and their families.
4. Because, bringing the physicians together so they may know each other will prevent envy, jealousy and local animosity, and this can be done in no other way.
5. Because it increases practical and scientific medical knowledge.
6. Because it is a post-graduate medical school at home.
7. Because it makes possible among physicians better business conditions and methods.
8. Because by it the profession is able to make itself felt in local sanitary and health work.
9. Because it educates the public to a higher respect for the medical fraternity.
10. Because it is the unit and foundation of the organization, and only through it can physicians become members of their State and National Associations.

Chiropractics Have Arrived.—When the new medical law was before the Legislature mention was made of new medical sects constantly looming upon the horizon and as constantly disappearing at the end of their sensational transit. The Chiropractics, or layers on of hands, were then beginning to be heard of in several large cities. Fort Worth has just been invaded by a man and his wife, both in their advertisements dignified by the prefix Dr., graduates of the Carver-Drury School of Chiropractic. These schools usually claim to be schools calculated to fit men to practice the healing art. The newcomers term themselves Chiropractic Masseurs, specialists on indigestion, constipation and all disorders of the stomach, liver and kidneys—examination and consultation free. A variety of diseases, including rheumatism, chills, and venereal diseases, are advertised by these new arrivals to be amenable to this new treatment. "It will not only relieve you and make you better, but it will remove the cause of your sickness, pain or distress, and you will be absolutely well." The new medical law excludes masseurs from its provisions. Whether or not such a plain invasion of the field of the practice of medicine as the above appears will be construed as massage, will be awaited with interest.

An Important Step in Medical Reciprocity.—A number of medical students have this year left Texas to enter medical schools of other States, where entrance requirements are lower than those now prescribed by the Texas State Board of Medical Examiners. Some went ignorant of Texas standards. Some went because they were debarred from Texas schools. Both classes expect to return and apply for examination in Texas or obtain license by reciprocity. Should either procedure be allowed, Texas entrance requirements for medical study will be of little value and a source of discrimination against Texas medical colleges. The Ohio State Board of Medical Examiners has recently ruled that reciprocity applies only to medical examinations, and applicants must also satisfy the preliminary entrance requirements of the Board. There is reason to expect a similar action on the part of the Texas Board, which action should be given wide publicity.

Plague Pandemic.—That it is not well to pose as a prophet, particularly in one's own country, is an observation as old as recorded history. It is not surprising, therefore, that we do not see the scientific departments of our government uttering prophesies, save as they may be deduced by him who reads from the dry-as-dust compilations of mere facts or figures occasionally issued. From the Public Health and Marine Hospital Service comes a pamphlet of figures and bald statements of facts pregnant with the soul of prophesy.

In 1894 plague escaped from the endemic Indo-Chinese focus in the province of Yunnan, China, and infected Canton and Hongkong. Six years later, in 1900, it had invaded seventy-six different places in twenty-six countries, and in forty of them it was noted as epidemic. By the end of the next seven years it had invaded one hundred and forty-six places and forty-eight countries, and in seventy-six of these it was noted as epidemic. Since January of the present year it has appeared in a number of other places, and in our own country Los Angeles is to be added to the list of points where the pest has appeared. In fourteen years it has spread to every continent on the globe, and is there fixed in spite of, in many cases, every effort that modern science and unlimited money could combinedly put forth to uproot it. These facts are intensely significant, and that the disease will still further increase and spread is a prophesy almost elemental. As yet we do not know of the existence of plague in our Eastern or Southern seaboard, yet a careful examination of the rat population has not been made, and one way well be justified in looking forward to such an examination with a certain amount of dread of the story that might be revealed. Quarantine measures along this entire seaboard have been directed practically exclusively to the maintenance of careful watchfulness for human plague, and the rodent, the real menace, seems not to have been under surveillance. With a vermin-free individual infected with plague, there is practically no danger of transmission of the disease, for the pneumonic form is so scarce as to be negligible. Only in a vermin-ridden population is the human agency in transmission one to be considered. If we have learned nothing else from the recent work of the Indian Plague Commission, and the still more recent work in San Francisco, we have learned the true nature of the disease and its transmission, and that all quarantine measures should be formulated and carried out with the single idea of rat quarantine and vermin destruction. It is high time, in view of the exceedingly rapid distribution of the plague over the world, and of the facts which have been demonstrated in the last few years' work, that our Federal government extended its energies to a rat examination of the East and South, and that every seaport in that territory prosecute an active and reliable rat quarantine. No seaport in the world is without danger, for into any seaport a ship may come, and all ships carry rats, some of which may have had the disease in its quiescent, chronic form, for l g periods of time. No other known disease offers so m y curious variations in its epidemiology or is so ter ly destructive of human life at one time and so insig fi-cant in its ravages at others, without seeming rh e or reason. There may be a quiescent period of y rs followed suddenly and inexplicably by a terrific pi-demic. Fortunately, in spite of all that we do not k w about the disease, the little that we do know serve to point out the road to protection. The handwriting is on the wall; shall we read it or complacently ign re it?—*California State Journal of Medicine.*

An Amended Drug Standard, in our Te as Pure Food Law, is recommended by Pure Food d Dairy Commissioner Abbott. He has recently gi n the matter much study, and says:

The second paragraph of Section 2 of the Texas Pure Fod Law is as follows:

Sec. 2. That for the purposes of this act an article shall be deeme to be adulterated:

In case of drugs: First. If, when a drug is sold under or by a n e recognized in the United States Pharmacopeia or National Formular it differs from the standard of strength, quality or purity, as determ d by the test laid down in the United States Pharmacopeia or Nati al Formulary official at the time of investigation; provided, that no dr g defined in the United States Pharmacopeia or National Formulary sh ll be deemed adulterated under this provision if the standard of stren h, quality or purity be plainly stated upon the bottle, box or other n-tainer thereof, although the standard may differ from that determ d by the test laid down in the United States Pharmacopeia or Nati al Formulary

Second. If its strength or purity falls below the professed standar or quality under which it is sold.

This permits the sale of drugs under names recogn d in the United States Pharmacopeia, and in the Natio l Formulary, whether such drugs conform to their standa ds or not, provided the label of such drug shows their streng . This is a copy of the National Drug Law and amounts t a label law. It should be amended so as to forbid the sale of any drug under a name recognized by such authorities, un s it conforms to the standards set by them. Then we wo d have what we need—a Pure Drug Law, or, better, a Stand d Drug Law. Then we would be backing up the scientific n of Ameriea who have for nearly a hundred years been striv g for standard drugs. The United States Pharmacopeia is e result of their labors. It is a basis for all prescription w i-ing in this country. The word "paregoric" is a Pharmacop a name, and as such represents a definite composition; w y should we give legal authority to manufacturers to change s composition? If we leave the law as it is, what is the rea for the Pharmcopeia? If a manufacturer desires to put a drug upon the market differing in standard from that l d down in the Pharmacopeia, he should sell it under a d tinctive name. In most eases where the standard of stren h of the drug is changed by a manufacturer, it is chan d for the purpose of deceiving the purchaser, and this is a man whom we have recognized in our laws.

It may be argued that this law is good enough because it s a copy of the national law. The national drug authorities a not at all satisfied with this, and will attempt to have it perfected.

The law should be amended to read as follows:

Sec. 2. That for the purposes of this act an article sh l be deemed to be adulterated:

(a) *In the Case of Drugs:* (1) If, when sold under or by a name recognized in the eighth decennial revision of t e United States Pharmacopeia, it differs from the standard of strength, quality or purity laid down therein; (2) if, wh n sold under or by a name not recognized in the eighth decennial revision of the United States Pharmacopeia, but wh is found in some other pharmacopeia, or other standard wo k on materia medica, it differs materially from the standa d of strength, quality and purity laid down in such work; (3) if its strength, quality or purity falls below the profes d standard under which it is sold.

ORIGINAL ARTICLES.

ABDOMINAL REFLEXES FROM A SURGICAL STANDPOINT.*

BY

W. A. DURINGER, M. D.,

FORT WORTH, TEXAS.

I shall first hurriedly eall your attention to the physiologieal significanee of that so-ealled "vicious circle" of abdominal sympathetie plexuses, namely: celiac, renal, suprarenal, phrenic, superior mesenterie, aortic and spermatie. These, arising as they do from the principal governor, which is the solar, account for the various reflex disturbances from the appendix, kidney, gall-bladder, stomach and pancreas.

This sympathetic eirele differs in its physiologieal function from the cerebro-spinal system inasmuch as one is intermittent, irregular and distinctly localized while the sympathetic is a complete and continuous circle with its governor or center according to physiologieal experiment loeated at the eeliac region behind the stomach, a favorable position to preside over the physiological funetion of digestion and assimilation. This physiologieal funetion is never at rest, either during the hours of repose, sleep or exercise.

Hence, we ean readily understand why any pathological eondition existing in the abdominal eavity and within this cirele is quite capable of transmitting pain and functional disturbance to eaeh and every organ in the abdominal eavity. The disturbanee is usually in ratio to the pathological lesion and is referred to its neighboring organ, in which it may at first produce only functional disturbance, but may lead sooner or later to a pathological eondition. During its functional disturbance we may have mal-assimilation, mal-nutrition, or emaciation, either of which invites pathological changes. For instance, dysmenorrhea, ovarian disease, cysts, and diseased tubes have the power through the hypogastrie plexus of transmitting their troubles to the celiac plexus, whieh is in direet relation to the gastric, produeing numerous functional disturbanees of the stomach. So, also, a stomach disturbance may have the power of transmitting pain and distress over the other abdominal organs.

The crippled or diseased appendix, painless and undisturbing in its own locality, will transmit its needs and wants up the superior mesenterie to the eeliae plexus, giving rise to hepatalgias, vomiting, hyperaeidity or symptoms of eholeeystitis, gall-stone, hepatie colie, or pyloralgia or duodenal and gastric ulcers. These facts have been proved by praetieal experience. Laparotomies have been done, the stomach, kidneys, ureters, spleen, liver and gall-bladder, and the duodenum have been explored without finding any pathological eondition present to justify the symptom. Further abdominal exploration determined the location of the pathological condition at the appendix.

The exploration of the appendiceal region gives us, at the same time and through the one incision, the opportunity of exploring and determining the eondition of the pelvie organs.

The next point for exploration would be over the sigmoid, as many obseure pathologieal conditions exist in this portion of the bowels such as malignaney, striectured condition, tumors and ulcerations which are too high up in the bowel to be positively diagnosed without resorting to an exploratory ineision. Sometimes pathological eonditions exist at all of these three different points of selection, and again at only one point. It also frequently oeeurs that the reflex symptoms are out of all proportion to the pathological lesion.

A floating kidney by its meehanieal pressure (struetural eondition normal) is quite eapable of produeing, as is familiar to all, various gastro-intestinal disturbanees. Eruetations of gas, hyperaeidity, gastralgias, inhibited digestion, epigastric distress, emaeiation and impaired health show that this loeal disturbanee aeting direetly on the solar plexus or its eoneomitants has the power to and does interfere with the natural funetions of the entire abdominal economy. If one little localized pathological eondition within this eirele has the power to disrupt and alter the natural physiological function of the rest of the eircle, a similar condition at any other point within this eircle has a legitimate right to aecomplish the same ends.

Space and time necessarily forbid the further diseussion of these vulnerable or fulminating points of selection as each deserves. I shall take time, however, to report a few cases illustrative of the above subjeet:

CASE 1.—Mrs. A., age 35, married, mother of three children, normal weight about 150 pounds, had been treated for thirteen months in a sanitarium for a stomach disturbance accompanied by all the symptoms of gastric or duodenal ulcer without obtaining any relief. Three months ago she came from a neighboring town and applied for treatment. Was considerably emaciated and unable to retain or digest food without the greatest distress, persistent vomiting of glairy mucus and hyperacidity. Upon physical examination I found pelvic organs in good condition. Upon palpation I could discover no tumor nor much tenderness at that time over stomach or gall-bladder region. Slight tenderness over appendiceal region. She had never suffered pain in the appendix. I informed her that the trouble was reflex, and that, as she had been under the care of competent physicians and had her stomach washed, and had taken innumerable remedies, and had closely followed dietetic treatment, I could offer her no relief in that line, but suggested more radical measures with the hope of finding this vulnerable point. She was desperate and readily consented to the operation.

My objective point in this case was the appendix, as I did not believe any organic trouble existed elsewhere in the circle, the disturbance being considered functional. The head of the appendix was bound firmly to the pelvic arch by organized fibrous adhesions. The adhesions were separated and the appendix was removed. She was up and walking hospital wards in eight or ten days and had a complete subsidence of all reflex symptoms. She eats and digests well, her vomiting has ceased, and she is rapidly regaining her normal weight.

CASE 2.—Dr. E., age 35, had been complaining of a gastro-intestinal disturbance and gall-bladder disease for the last six years. Was emaciated and had become a morphin addict on account of continuous pain over hypogastrium, bladder, appendiceal region and left iliac or sigmoid region. Extremely painful under pressure and apparent or fulminating spot at each point of this great circle. My objective point in this case was over gall-bladder region. After exploring stomach and duodenum saw no evidence of gastric or duodenal ulcer, as they both seemed to be healthy. Gall-bladder was explored and found incompressible. Opened and removed a number of calculi; found cholecystitis present. Bladder drained. Patient rallied nicely from the operation and progressed favorably for about three days, but succumbed to a toxemia, resulting from morphinism.

CASE 3.—Mrs. T., age 27, mother of one child, neurasthenic, had bad gastro-intestinal trouble for several years. Melancholia which at times would become quite serious. Her fulminating points were divers and many. Sigmoid point at one time suggesting to her mind malignancy. Again appendix so sensitive as to suggest appendicitis. Vomiting and gastralgia almost continuous; also, cardiac symptoms and hysteria. Upon physical examination I found nothing tangible except floating kidney of right side. I informed her that she would get well if she would allow me to anchor this kidney, that the other symptoms she mentioned were reflex in character and would be relieved. She readily consented, kidney was anchored successfully, and she has made rapid progress ever since.

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

Case 4.—Mrs. J., aged 45, applied for treatment after being a sufferer from gastric symptoms for nearly two years. Spasmodic condition of pylorus, food producing distress and persistent vomiting, paroxysmal pains in gall-bladder region. I concluded she must have gastric or duodenal ulcer as the spasm of the pylorus was persistent, so this was my objective point. After thorough exploration, I found no pathological condition existing in stomach, duodenum, gall-bladder or pancreas. Frequently in such cases, a small gall-stone, lodged in ampulla is overlooked by examining surgeon in his hurried examination. My next objective point was appendiceal region and was there rewarded for my diligent search. The appendix, constricted at its base, had become dilated as a cyst. No adhesions, no evidence of a peri-inflammation having existed at any time. In fact, no symptom directed to the appendiceal region. The appendix was open and found to contain muco-purulent liquid in which floated an enterolith the size of a pigeon's egg. This patient made a good recovery and has had no paroxysmal pain over gall-bladder or stomach since. She eats well and digests well. These few cases reported will serve to illustrate the subject of this papr.

DISCUSSION.

Dr. J. E. Thompson, Galveston, said this was one of the best papers he had ever heard. Very little is known about the laws controlling transmission and localization of reflex pain. Pain is usually referred to great plexuses. Primary pains in all abdominal conditions are usually manifested in the epigastrium. In early life the important nerve centers are located here and as the viscera undergo change of position they carry the nerves with them. When the parietal peritoneum is involved the result is tension of the muscles overlying it. Abdominal organs are intimately connected with each other and with the cerebro-spinal system. This is a subject to which every one should give careful study.

Dr. Pierre Wilson, Dallas, said that there is a well-recognized anatomical reason where such unusual manifestations occur. The large sympathetic ganglia and nerves have direct control of functionating organs. It is due to this network that reflexes are brought to remote parts. A diseased ovary producing headache effects this result through intimate sympathetic connection with the cerebro-spinal system. The same law is true throughout the body. This explains the tension of muscles in intra-abdominal inflammatory conditions.

Dr. W. A. Duringer, closing, said the paper was intended to stimulate study, explained the connections of the great plexuses, cardiac and pulmonary; stated that a majority of post-operative pains are due to vicious circles or interference with sympathetic reflex.

AQUEOUS VITREOUS—THREE MEMBERS OF ONE FAMILY SIMILARLY AFFECTED.*

BY

W. A. HARPER, M. D.,

AUSTIN, TEXAS.

February 15, 1907, Mrs. B., age 50, consulted me for the purpose, as she expressed it, of having her right eye removed. Examination showed eye to be somewhat smaller than normal, intensely inflamed, pupil completely obliterated, tension reduced to mushy softness. History revealed the following facts: A cataract was diagnosed four or five years previous and she suffered intense pain almost constantly for the past two years. Examination of the eye after enucleation showed the contents to consist solely of a dark aqueous fluid and a small, dark, almost stony hard lens.

During her week's confinement in the hospital after the operation she was visited by her brother, aged 45. While at my office he requested me to "look at" his eyes. He was wearing a strong concave lens. Upon examination of his left eye I found a large pupil, behind which could be seen about one-half of an opaque lens, dislocated downward about one-half its diameter. He gave the following history: Cataracts were diagnosed twenty years ago. An operation twelve years ago resulted in the loss of his right eye, owing, as h expressed, it to an "aqueous vitreous." The catarac had been removed, but the eye collapsed, and the ey has been totally blind since that time. As regards th left eye he was advised to let well enough alone, as probable aqueous vitreous and a dislocated lens afforde a situation not very encouraging to either patient c operator.

This man was not seen again until two months late when he appeared at my office guided by a small boy Seventeen days previous he awakened in the mornin totally blind, and with considerable pain in his lef eye. The pain had continued constantly and grow more severe from day to day. A glance at the eye wa sufficient to reveal the secret. The cataract was n longer behind the iris, but was wholly within the ante rior chamber. An operation was plainly the only alter native.

The patient was sent to the hospital, after a drop o a solution of eserine (gr. j to oz. i) had been instille into the eye. Preparations were made for the opera tion the following day. The eye was then thoroughl cocainized. A medium size keratome was introduce at the upper sclero-corneal junction, as in an ordinar iridectomy. With the keratome still in position a Tyrrel hook was introduced along the upper surfac of the keratome and beneath the lens. When the poin of the hook had reached the far edge of the lens it wa rotated until the point came in contact with the lens The lens was drawn forward until it rested firmly against the cornea and upper surface of the keratome As the latter was withdrawn the lens was drawn firmly forward, completely closing the wound and thus pre venting the escape of the fluid. With a Knapp's cat aract knife the incision was enlarged, keeping the lens firmly pressing into the wound. Just previous to the complete delivery of the lens the point of a small half-curved needle was fastened into the free edge of the cornea, but not passing entirely through the membrane. As the lens slowly came through the wound the free edge of the cornea was kept pressed gently down until the edges of the wound were brought together with but little loss of fluid. By means of the needle, the point of which was still in the corneal lip, the wound was kept firmly closed for some ten minutes. Tension being relaxed and the needle removed, the upper lid was brought gently down over the wound as the speculum was removed. By means of isinglass adhesive strips the lids were kept firmly closed, and a gauze bandage dressing applied over both eyes. The bandage was removed at the end of 48 hours. The inflammation had greatly subsided and the lips of the wound were firmly united.

Two weeks later the patient left the hospital with prospects of useful vision. Four weeks later the distant vision was 20-70 reading vision, Jager type No. 8 at 14 inches. Correction of astigmatism only slightly improved the vision. Removal of the lens had overcome the myopia and a spherical lens afforded no improvement. One year after the operation no change in vision had taken place.

The patient gave a meagre history of his mother, who had been dead many years, from which it seems that her eyes were affected in a similar way as those of her daughter and son—first slowly approaching blindness from cataract, followed by inflammation and intense pain, and final loss of both eyes.

The history of these cases, all occurring in one family, would strongly suggest that inheritance played an important part in bringing about these pathological

*Read before the Section on Ophthalmology, Otology, Rhinology and Laryngology, State Medical Association of Texas, Corpus Christi, May 13, 1908.

conditions, destined, it would seem, to result in total destruction of the eyes, except where surgical interference might prove successful. If, in case No. 2, the dislocation had taken place in any other direction than anteriorly, the delivery of the lens would have been practically impossible, owing to a fluid vitreous, and enucleation would have been a final result. Probably an aqueous vitreous was the inheritance that was responsible for the trouble in these cases, causing, either directly or indirectly, the opacity of the lens, and later, atrophy of the zonula of Zinn, resulting in a dislocation of the lens, which, acting as a foreign body, set up the destructive inflammation.

Unfortunately a fluid vitreous can not, as a rule, be diagnosed with any degree of certainty—the tremulous iris and lowered tension can do no more than arouse suspicion.

I hope in the discussion of this subject some points may be brought out and some suggestions be made that will result in making the reading of this paper worth while.

DISCUSSION.

Dr. E. H. Cary, Dallas, said it would be interesting to see if the cases reported had detached retinæ. He would like to hear from those present what per cent of detached retinæ follow cataract operations. He thought it wise to warn the patients against this complication. Had never had a case in his practice. Remembers of removing the lens in a boy with posterior cataract with good results. Does not believe that in all cases myopia is a disease.

Dr. F. D. Boyd, Fort Worth: The report of cases seems to him to bear out the idea that myopia is a disease. Evidently the myopic condition described was inherited.

Dr. J. M. Woodson, Temple, said the paper reminded him of some cases he had several years ago. Saw three cases of cataract in a family of mulatto negroes—mother and four children all having cataract. He operated upon the children with good results on two and failures on two. The operation upon the mother was successful. He found no hereditary tendency to cataract.

Dr. Harper, closing, said he had not seen a detached retina following cataract extractions. Thanked the members present for the discussion of his paper.

ELEMENTS OF DECAY IN AMERICAN CIVILIZATION.*

BY

F. E. DANIEL, M. D.,

AUSTIN, TEXAS.

"The preservation of national vigor should be a matter of patriotism."—President Roosevelt.

Everything conceivable, organic and inorganic, in the great universe of God is evolved from a starting point. From the tiniest seed to the magnificent flower with its dazzling tints and its breath of intoxicating perfume; from the embryonic cell, the germ plasm of the human being, to the finished product—moral and intellectual man; from nebulous masses of cosmic matter to blazing suns, there is birth, growth, equilibrium, decline, decay, death in everything; individuals, *races*, nations, worlds, systems and the universe. Look into the heavens and observe in the great nebulæ of Orion and Andromeda the process of sun-building always going on; the birth of new worlds from the germs of extinct worlds that have finished the cycle of evolution. They were born, grew, developed their maximum of life, declined, decayed, died; and their elements are entering into the construction of new worlds, perhaps of a higher order. It is the same with the individual man, and with races and nations. From the parent cell of ancestors, the individual man is evolved, attains his adult existence, develops the best that is in him (perhaps), decays, and passes away, but lives again in his descendants, and thus the cycle of individual existence goes on. Aggregations of individual units make the family, the tribe, the race, the nation. As in the individual, there are in the race elements of decay, which, like the worm in the bud, sap the strength and cause death and decay sooner or later. Nations rise, grow, flourish, decline and pass away, to be followed by others of a higher order (?), and thus is the cycle of evolution perpetuated.

Civilized man in the pride and boast of his intellectuality can conquer these elements, and, to some extent, he does so, and, by their elimination, prolongs human life, e. g., less than a century ago the average length of man's life was about thirty-three years. By the intelligent application of the principles of sanitary science the span of life has been increased to 48 per cent plus. Enough has been accomplished to demonstrate that science can still further lengthen life; life of the individual, the race, the nation, by the further removal of the elements of decay.

In a brief magazine article I can only allude to the conquest of smallpox, yellow fever, diphtheria, cholera and bubonic plague to show to what extent science can benefit man, if government will heed its voice. For a masterly account of the achievements of sanitation in other countries, readers are referred to an article by Surgeon Major (U. S. A., retired), L. L. Seaman, New York, in the *New York Medical Journal*, February 22, 1908.

It behooves us, then, to carefully consider what are those elements of decay which threaten our national existence, for, in my deliberate opinion, we are pursuing, through neglect of causes, a course that can only be denominated race suicide; and to inquire in how far it is possible to remove them. The history of the world shows a singular unanimity of causes and effects in the rise, progress, decline and death of civilizations. Rome may be taken as the type. America seems to be following in her footsteps, and it can be shown that the immediate and remote causes that led to the decline and fall of the one are operating to insure the decline and fall of the other. Will rational man not profit by experience? The ability to do so is held to be the principal argument to prove man's superiority in the animal kingdom. After seven hundred years of uninterrupted conquest Rome was mistress of the world. Surfeited with power and glory, inordinate wealth, the spoils of Europe, Asia and Africa, luxury, debauchery, idleness, drunkenness and disease,—the neglect of the right principles of living, she made her first mistake in welcoming to her territory vast hordes of barbarians from beyond the Danube,—"undesirable citizens." She gave them land, and by a process of "benevolent assimilation" absorbed and interbred with them, and finally hired them to do their fighting. The martial spirit that had conquered the world (Emmerton, Gibbon), was dead. It was the story of the camel that got his head in the stable door. Soon Attila, Alaric and Genseric did the rest,—and where is Rome today? A memory only.

The United States government made the initial mistake in permitting the importation of black cannibals as slaves,—from whom have descended ten millions of the most undesirable citizens; and our people have mixed with them until, according to Surgeon Major R. W. Shufeldt (U. S. A., retired), in his wonderful book, "The Negro, a Menace to American Civilization," fully one-half of them have an admixture of white blood; and, although intermarriage with them is prohibited in most States, miscegenation is going on, with all the evils to our race attendant upon hybridization,—the admixture with inferior blood. Major Shufeldt says that if this goes on, in course of time, no man, woman or child in America can be sure that he has no negro blood in his veins.

The United States government made the further mistake of welcoming to its shores and absorbing countless hordes of individuals of inferior races—the scourings and outcasts of the world; not the true immigrants so needed and so cordially welcomed in the young days of our Republic, but paupers, syphilitics, consumptives, criminals, anarchists. The American people have already lost most of their race characteristics by interbreeding with these, until we are rapidly approaching, if we have not become, a race of mongrels. Some of these people were paupers on arrival, but amassed great wealth, and became the ancestors of some of our "aristocracy." And their descendants, drunk with wealth and luxury, have ceased to breed, or, if they have offspring, it is fewer and feebler by reason of the effeminacy induced by luxury, idleness and dissipation. The tendency here is to race suicide.

Francis Amasa Walker says: "* * * For nearly two generations great numbers of persons utterly unable to earn their living, by reason of one or another form of physical or mental disability, and others who were, from widely different causes, unfit to be members of any decent community, were admitted to our ports without challenge or question. It is a matter of official record that in many cases these persons have been directly shipped to us by states or municipalities desiring to rid themselves of a burden and a nuisance; while it could reasonably be believed that the proportion of such instances was far greater than could be officially ascertained.

*Read before the Seventh District Medical Society, Austin, Texas, December 19, 1907.

* * *" But, he continues, "The question today is not of preventing the wards of our almshouses, our insane asylums and our jails from being stuffed to repletion by new arrivals from Europe, but of protecting the American rate of wages, the American standard of living, and the *quality of American citizenship* from degradation through the tumultuous access of vast throngs of ignorant and brutalized peasantry from the countries of eastern and southern Europe." (*Economics and Statistics*, Vol. II, pp. 437-449, Henry Holt & Co., New York, 1899.)

Of this class, doubtless, came the Orchards, the Harry Thaws, the Czolgozs, Prendergasts, the Guiteaus, *et id. om. gen.* It is with this class and their undesirable progeny that we have to deal today, and for whom we must provide asylum and jail, electric chairs, gallows and poorhouses. This is as irrational as trying to disinfect a sewer at the mouth, while the current of filth flowing into it is ever increasing. Mr. Strauss has a task before him as futile as that the Danaides, or of Sisyphus, who perpetually rolled the stone. And he may as well whistle to the wind!

Macaulay (*Letters and Addresses*), in 1857, writing to Henry S. Randall, the Speaker of the House of Representatives in Congress, said: "I have long been convinced that institutions, purely democratic, must, sooner or later, destroy liberty or civilization or both. Your Constitution is all sail and no anchor. Either some Cæsar or Napoleon will seize the reins of government with a strong hand, or your Republic will be as fearfully plundered and laid waste by barbarians in the twentieth century as the Roman Empire was in the fifth, with this difference, that the Huns and Vandals, who ravaged the Roman Empire, came from without, and that your Huns and Vandals will have been engendered within your own country by your own institutions."

How much longer will rational man attempt to correct *results* and ignore the causes,—causes that should never have existed,—and some of which,—many of which,—can even now be removed and should be removed in the interest of humanity and race integrity? It is too late now to remedy the evils that have followed the introduction of the black cannibals and of the criminals and paupers into the country, unless we consider Major Shufeldt's suggestion to segregate the blacks and possibly avoid further evil,—possibly a greater one of race war; and Mr. Strauss is now striving to separate and deport the imported anarchists and criminals. The mischief is done.

But there are elements of race degeneracy now at work and which, although their influences are far-reaching and destructive, by wise legislation, based on a decent regard by Congress for the voice of science, may yet be eliminated,—at least, greatly modified. They are well within the scope and power of sanitary science, a science which aims at the cause and its removal, as in the cases cited,—the conquest of epidemic diseases. Excepting, therefore, the causes of race degeneracy above mentioned as the chief factors, and which are beyond sanitary science, I name as the most potent factor in the swift decay of the race,—the worm in the bud gnawing at its vitals,—whisky and consumption. In his inaugural address as President of the American International Congress on Tuberculosis, held in New York, November 15, 1906, the writer said:

"*Whisky and consumption follow the Bible and the flag as the handmaids of civilization, and they are as destructive as a pestilence.*"

This was flashed around the world and appeared in thousands of papers under sensational headlines, as if it were some new truth just discovered, when it is patent to every student of history or of social or political economics.

The statistics of consumption have been given so often that to a medical man it seems trite and threadbare. But to many who read this it will be, perhaps, startling news that, while the mortality of yellow fever for one hundred years (U. S. census) averages one thousand a *year*, consumption now destroys one thousand lives every *two and a half days!* And yet, so far as I am aware, the government raises not a hand to stay its ravages. No fact is better established than that the disease is not hereditary, as is insanity, for instance, and of which I will speak presently; and that its spread from the sick to the well can be prevented, if government would prevent it. Suppose four hundred people were being slain every day,—night and day, year in and year out,—by some armed invasion, for instance, or one one-hundred and fiftieth as many (for that is the relation of the mortality of yellow fever to that of consumption), what would be the state of public sentiment and the attitude of Congress on the subject? Every resource of science and power would be brought into action to arrest it, and yet consumption destroys 150,000 lives annually.

I have not space to speak of the sick who finally die, the money loss to the country by reason thereof, the poverty, want, suffering, *prostitution*, the enfeebled and fewer progeny of consumptive parents. Nor can I enter into a consideration of certain other destructive factors, however far-reaching and ruinous; e. g., venereal disease, increase of crime, and waste of natural resources. The extensive and indiscriminate use of poisonous patent medicines—abortificents, alcoholics and cocain dopes, etc. Nor of child labor,—"grinding our seed corn," Lincoln said. These all tend to race extinction.

In the nearly three score and ten years of the writer's life, the race has dwindled physically, it seems to him; the men are smaller and feebler. A strong, broad-shouldered, manly man is the exception. For the most part, the rising generation of young men within my observation are small, narrow-chested, stoop-shouldered, slim-legged little shrimps, and they are to be the fathers of the next generation! What will their children be? Their inheritance will be neurasthenia, unstable constitution, mayhaps the curse of alcoholism or of alcoholic insanity.

Now as to alcohol, the cause, and insanity, crime, pauperism, prostitution, sin, sorrow and human misery, the result.

The population of Texas in forty-five years to 1904 increased 504 per cent. The insane in Texas in the same time increased 6800 per cent, a ratio of 13.7 to 1. In 1860 there were fifty insane people in Texas, and their maintenance cost the State $12,000. These figures are from a public and published address by Prof. M. L. Graves, M. D., University of Texas, late Superintendent Southwestern Insane Asylum, San Antonio, Texas.

In 1908 there are 5000 insane in Texas (500 in jail for lack of asylum accommodation), and the cost to the State for the five years to 1904 was $3,555,000, an average of $707,000 a year. For 1904 alone the cost was $784,000. These figures are taken from the Comptroller's books.

According to Dr. Graves, 60 per cent of the insane in Texas is the result of alcohol, directly and by hereditary transmission; while Dr. B. M. Worsham, Superintendent of the Austin (Texas) Insane Asylum, puts it at 95 per cent. Further along I give official figures from superintendents of twenty-two asylums in sixteen States. The entire revenue to Texas from liquor licenses, according to Judge T. W. Gregory, of Austin, in a public address, is $600,000. It will be seen that this large sum falls short by an average of $107,000 a year of paying for taking care of the insane, from 60 per cent to 95 per cent of whom are, according to official reports of the superintendents of two of our four asylums, victims of drink and hereditary transmission of the curse; while Judge Gregory declares that the cost of enforcing the criminal laws in Texas exceeds the entire revenue from liquor license, and that fully 50 per cent of crime is the result of drink.

The figures are astounding. To continue a policy the results of which are so destructive to the human family, so fatal to our race integrity, is race suicide! Nay, it is idiotic! We let these people marry and multiply. The insane, the criminal, the consumptive, the scorbutic, the syphilitic, aye, even the paupers on the poor farm, marry with the sanction of the law and the blessing of the church! That is sentiment. Science would insist upon stirpiculture—the rational progagation of the human species—else the fittest can not survive. Lydston, in his recent epoch-making book, "Diseases of Society," says that a feeble dude with a monocle in his eye gazed through the bars of a pasture upon the splendid proportions of a magnificent bull, and, addressing the bull, said: "By Jove, old fellow, you are a splendid specimen of your kind, don't you know?" The bull replied: "I'm sorry, my son, that I can't say the same for you; you are a miserable specimen of yours, don't you know? But I'll give you a pointer: If the same pains and care had been taken in the selection of your ancestors that were taken with mine, you would not have been the miserable little failure you are, don't you know?" or words to that effect.

Under nature's laws, unhampered by man's mistaken sentiment of humanity (humanity to the individual, inhumanity to the race), the fittest survive. All our humanitarian work, pity for the defectives, fosters the survival of the unfit by the perpetual progagation of the defectives, which, left to the operation of natural law, would be eliminated. Tennyson says of nature: "So careful of the type she seems, so careless of the single life." This formula may be paraphrased, and made to express an unfortunate truth when we say,

"Man, so careful of the defective life, so reckless of the race." Darwin says the families of drunkards do not descend beyond the fourth generation, they die out,—thus verifying the Scripture as to the sins of the father, etc. But the United States government and State governments, *encouraging, promoting and facilitating drunkenness*, by putting a tax on alcohol for revenue, and licensing the indiscriminate sale by retail, of liquor, most frequently poisoned by adulteration to cheapen it, must feel some obligation to take care of its victims, and they endeavor to do so, by expending an amount for lunatic asylum accommodations alone greatly in excess of the revenue, and another amount equally in excess of revenue for the prosecution and punishment of another class of its victims—the criminal. Is the game worth the candle?

The following is summarized from reports of asylum superintendents in the States named, and furnished the *Texas Medical Journal* (August, 1907), by Dr. C. H. Gregory, Superintendent of the North Texas Insane Asylum, Terrell, Texas:

Illinois, Watertown, 30 per cent of insanity due to alcohol.
Michigan, Newberry, 32 per cent.
Missouri, St. Louis, 55.5 per cent.
New York, Utica, 11.28 per cent (in men alone, 19.3 per cent).
New York, Rochester, 48 per cent (10 per cent women).
Massachusetts, Hawthorn, 18 to 20 per cent.
Massachusetts, Fredericksburg, 25 per cent.
Massachusetts, Harding, 27 per cent.
Massachusetts, Worcester, 33.3 per cent.
Vermont, Brattleboro, 35 per cent.
Pennsylvania, Morristown, 20 to 25 per cent.
Pennsylvania, Warren, 25 per cent.
New Hampshire, Concord, 35 per cent direct, 40 per cent hereditary alcoholic.
Nebraska, Inglesides, 30 plus per cent.
California, Stockton, 16 per cent.
Washington, Medicine Lake, 40 per cent.
West Virginia, Spencer, 15 per cent.
Kansas, Topeka, 35 per cent.
Colorado, Pueblo, 42 per cent (7 per cent in females).
Wisconsin, Wauwatosa, 16 per cent.
Texas, Austin, 95 per cent.
Texas, San Antonio, 60 per cent.
Twenty-two asylums in sixteen States.
Average each State, 46.75 per cent.
Average each asylum, 34 per cent.

* * * * * *

Tabulated in the order of their importance, the curable and the incurable elements of decay in our civilization, I restate the proposition about like this:

Miscegenation with the descendants of black savages only a few generations removed from cannibal ancestors.

Interbreeding with the refuse of Europe,—the criminal, the anarchist, the pauper.

Licensing the indiscriminate sale of an agent which statistics show to be the most destructive of all agents to life, health and morals,—the chief factor in the production of insanity, crime, pauperism, prostitution, disease, death and human misery.

Child labor. Increase of crime. Waste of natural resources. Patent medicines.

Our criminally lax marriage laws, which encourage the breeding of defectives.

These are beyond the reach of sanitary science, and belong to that of economics.

Consumption,—often the indirect result of intemperance,—and other preventable diseases, which, it is estimated, carry off four-fifths of all who die prematurely.

Venereal diseases.

What sanitary science has done in other countries it can do in this. And this is the task to which the Committee of One Hundred on Federal Legislation, in collaboration with the Association for the Advancement of Science now addresses itself. While we may never be "civilized" up to a scientific breeding of people (as we do our stock), or totally eradicate disease, it unquestionably lies within the power and scope of science to eliminate much that is evil, and bring about great improvement, even in the next generation, in the physical, moral and intellectual status of society. To this end government should create a Department of Public Health, officered by the ablest men, and beyond the reach of politics, and make an appropriation adequate to meet the requirements, however expensive it may be. It will be true economy in the end. This end,—the elimination of the preventable and the cure of the curable elements of race decay,—is the mission of rational medicine, to which all "exceptional men," the enlightened, should address themselves. Duty requires it; true philanthropy dictates it; policy suggests it, and it is demanded by every consideration of humanity and race integrity. Will Congress heed the warning?

Austin, Texas, 1908.

SOME NEGLECTED PHASES OF MALARIAL PATHOLOGY.*

BY

WALTER SHROPSHIRE, M. D.,

YOAKUM, TEXAS.

Physicians differ widely in their views and treatment of some forms of malaria. So radical are these differences that one faction considers the treatment advocated by the other much in the light of malpractice. Observation convinces me that this difference is due largely to the fact that the majority of medical men leave out of consideration certain important pathological factors. These neglected phases it is my desire to discuss.

In studying malarial pathology, we may with advantage divide it under two heads, general and special.

Under the former we should properly consider the biology of the parasite, but since its life cycle has been so often reviewed before this Association, we may save time and patience by pointing out only certain features. This parasite, like all other animals, feeds upon such food as is conducive to its perfect development and propagation; in digesting such food, certain parts are utilized in tissue building and others thrown off as excrementitious matter. In its biological processes it secretes poisonous substances, which we term toxins. Since the parasite feeds on red blood cells, along with the protoplasm, the coloring matter or hemoglobin is also devoured. It is so changed and mixed with other refuse matter as to make it a black or brown pigment called melanin, which is the characteristic earmark of the parasite. This corresponds closely with the feces of man. It has been considered by some the toxin of the parasite. This is erroneous, for the first signs of the effect of poisoning are swelling and granular degeneration of the endothelial cells of the capillaries where sporulation takes place, and this is accompanied by no coloration; therefore, the toxin must be some colorless chemical which acts much like an escharotic on the first tissues with which it comes in contact. This is one of the neglected phases of malarial pathology to which I would direct your consideration. Many, if not most, physicians consider the toxin of malaria applied alike to all tissues because it is liberated in the blood current. This is an error. Like any other caustic substance, it will be distributed only so far as is necessary to expend its caustic force. In malaria this is not far. Usually it is distributed to the capillaries, for sporulation as a rule takes place in the narrow part of the blood vessel where the arteriole merges into the capillary. Now in whatever tissue or organ sporulation of the malarial parasite takes place, there we find its toxic effect, first, in a slight swelling and granular degeneration of the capillary endothelium; next a thrombosis of the vessels, the thrombus being composed largely of infected blood cells and swollen endothelium. Then follows necrosis of small areas of tissue, which, as toxin is added, increase to considerable size. In case of recovery these necrosed parts absorb and are replaced by connective tissue, hence the cicatrized condition of the spleen in many chronic malarial subjects and the hyperplastic or enlarged condition in acute cases. This, too, accounts for the greater length of febrile reaction following repeated attacks and for the low grade of apparently septic fever that follows severe and pernicious attacks after the paroxysms have been checked.

This actual destruction of tissue and consequent inflammation at the site of sporulation is a most important feature of malarial pathology and, at the same time, a most neglected one. This means that in case the parasites group and sporulate in the brain, we have a cerebritis, severe in proportion to the number of cells that disintegrate; if in the kidneys, a nephritis results; in the bladder, a cystitis; in the stomach, a gastritis; if in the lungs, a pneumonitis, and so on, throughout the whole list of organs and tissues. Who has not seen a malarial neurangia or neuritis vanish like smoke from the

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*Read before the Eighth District Medical Society, Victoria, Texas, October 8, 1908.

administration of ten to twenty grains of quinin when all other treatment had failed to relieve?

For the benefit of those who have given this subject little thought, I will mention the report of cases that effectively illustrate this phase. Dr. Robt. Westphal, of Yorktown, reported to the DeWitt County Medical Society a case of malarial cystitis. In over half of the blood-cells passed in the urine, he demonstrated the parasite. If you heard this paper at the last State meeting in Austin you must have been forcibly impressed with its importance. If you heard at a recent meeting of the Eighth District Medical Society Dr. C. W. Letzerich's report of four cases of malarial peritonitis, with demonstration of the parasites; if you heard at a more remote meeting of this Association Dr. S. A. Foote, of Bay City, report a case of severe and intractible dermatitis, showing numerous malarial parasites at the points of eruption and yielding promptly to a few doses of quinin, then you must realize what an important feature of malarial pathology is the inflammation at the site of sporulation.

Before leaving the general pathology, I will mention one other fact. When a group of parasites sporulate there is set free, not only the toxin and melanin which has been produced in their biological processes and which, until the time of sporulation, are held within the corpuscular shell, but all the hemoglobin that has not been consumed is liberated into the plasma, to be converted by the liver into bilirubin.

Taking up the special pathology, we are confronted with the peculiar and unaccountable fact of the grouping of the parasites in certain tissues and organs, varying from one to another. How or why this is, I must confess ignorance. It looks unreasonable that a parasite, living wholly within a blood-cell, incased by its capsule, and floating in the blood-current, should leave any part of that current and join its fellows at some particular meeting place. We are almost justified in doubting the fact, and yet we have proof that they do this very thing from observations and reports made by reliable men. We have Jno. T. Moore's cases of malarial nephritis to consider, Woldert's case where the brain capillaries were packed with infected cells, Ewing's case of hemoglobinuric fever where the peripheral circulation was guiltless of one parasite while the kidneys were found literally choked with infected cells. We have the observations of practically all students of malaria that at times, especially in pernicious attacks, no parasites can be found in the peripheral blood, while at the same time they are active and are producing emphatic results. We can only conclude that the parasites have the power of congregating in certain localities and there pursuing as usual the course of their life cycle. This feature is another important and neglected one.

It is probably the greatest factor in determining the severity and danger of malarial paroxysms, notwithstanding that most of our writers maintain that severity and danger are measured by the number of parasites and the susceptibility of the patient. If the poison was equally distributed to all parts of the body, as some seem to think, the grouping of the parasites would be of small consequence. If such were the case, we should find necrosis in all parts of the body, instead of only at the points of congregation. Since the poisoning effect follows the grouping of the parasites, then the location of such gathering places must determine very largely the severity and danger of the attack. For illustration: If the toxin secreted by a million parasites would destroy a cubic inch of tissue and this poison was set free in the muscles of the thigh or arm, we would experience small invonvenience from it; were it set free in the floor of the fourth ventricle, a cannon ball would be less sure of a victim.

The failure to recognize this tendency to grouping and the local effect on the selected site has led to the widest differences of opinion in the treatment of one of the pernicious forms of malaria, about equally dividing the profession. I refer to hemoglobinuric fever, in which the administration of quinin is heartily condemned by the one side and equally as heartily commended by the other. The anti-quinin party claims that quinin causes the hemoglobinuria, while the other side avers that quinin kills the malarial parasite in this as well as in other forms of malaria and does not produce the hemoglobinuria. The anti-quinin element maintain that the hemoglobinuria is caused by an hemolysis, and the kidneys in clearing the blood of offensive material excrete the free hemoglobin and we have colored urine. The quinin advocates maintain that in hemoglobinuric fever the infected blood-cells congregate in the parenchyma of the kidney and there sporulate and set free such hemoglobin as has not been destroyed in the infected cells. The kidney excretes this and hence the bloody urine. There is to strengthen this latter view the fact that adequate examination of the kidneys shows the parasite to be there in great numbers and demonstrates all other characteristics of a malarial nephritis, while blood examinations fail to show such a proportion of free coloring matter in the plasma. The anti-quinin men maintain that there is a general hemolysis caused by an hemolysin placed in the blood by malaria to which quinin is a complement. When the drug is introduced with malaria we get the hemolytic effect and without it none. To controvert this the other side presents the fact that about 15 per cent of all cases occur without quinin, and points out the millions of cases where quinin is administered without producing hemoglobinuria. A greater per cent of cures results with adequate quinin dosage than without it. The paroxysms occur at the regular time of the malarial paroxysms and not at the time of quinin administration, while if produced by the quinin they should coincide with the drug administration rather than the malarial sporulation. If the condition were due to a general hemolysis it would come more gradually and not suddenly with the advent of malarial sporulation as it does especially when the tertian parasite is the cause, and less so when the estivo-autumnal parasite is the causative agent, corresponding closely in each variety with the advent of the paroxysms.

The quinin men further claim that many, in fact, nearly all, cases take quinin before or after an attack of hemoglobinuria without producing the condition which, if produced by quinin in one case, should result uniformly. If due to the grouping of parasites in the kidney it should result only when they do group there. If hemoglobinuria were only the excretion of hemoglobin by the kidneys there would not be such violent nephritis as exists in all cases, for about 40 per cent of deaths occurs from uremia as the result of violent inflammation and utter destruction of the function of the kidneys.

MISCELLANEOUS.

TEXAS MEDICAL CARTOONS.

During the last month two interesting cartoons have appeared in the daily press, one in the *San Antonio Express* and the other in the *Fort Worth Record*. An unusual amount of medical matter has appeared in the reading columns, and these efforts of the cartoonists show distinct advance in public and newspaper interest. We take pleasure in presenting these:

—San Antonio Express.

—*Fort Worth Record.*

New Edition of Propaganda for Reform.—The American Medical Association has just issued a new edition of the former pamphlet with the above title. This contains all the articles published in the *Journal of the American Medical Association* exposing nostrums and unethical pharmaceutical preparations. It is brought up to date with articles on nostrum advertising and religious journalism and the Great American Fraud. It is bound in a neat red cloth cover, with a good index, and should be in the hands of every physician. It is one of the most useful campaign documents for laymen who are interested in the campaign for pure food, drugs and better protection of the public health. These may be obtained from the American Medical Association, 103 Dearborn Avenue, Chicago.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.*

BY

J. S. LANKFORD, M. D.,

SAN ANTONIO, TEXAS.

Tuberculosis stands first in importance among the many problems of the human race, and if we may judge by the activity of the vast army of brainy men and women who are studying the subject, it must be admitted that this great problem will be solved and the disease exterminated in a few generations, and the greatest possible blessing will have fallen upon man.

The recent International Congress on Tuberculosis in Washington was the most far-reaching gathering of scientific men in the history of the country from the standpoint of health and happiness and created a profound impression. The capital city is full of interest; the various committees and the government had provided entertainment in a lavish way: there was every invitation to relax and enjoy life, but it was soon seen that this great body of learned men had met for one sole, strong purpose, to exchange views and make every possible progress in the world's fight on the world's greatest enemy. Even a casual observer could not fail to be deeply impressed with the wonderful work being done. The exhibits were helpful, hopeful, inspiring. The halls were thronged with a stream of visitors that seemed to have no end. As an example it will be sufficient to outline briefly the New York exhibit, which was the best.

This exhibit was divided into five classes, illustrating: (1) Where tuberculosis breeds: (2) where tuberculosis spreads; (3) the extent of the disease; (4) how tuberculosis is cured; (5) how tuberculosis is prevented. Under each class was shown appropriate models, charts, pictures, photographs, etc., all easily understood. The exhibit was very extensive and arranged for popular education of the masses.

The Department of Health showed maps, statistics, system of registration, sanitary supervision and many other things. Hospitals and clinics and private sanatoria had large exhibits. The State Department of Health had a very comprehensive exhibit, showing the splendid fight the State is making in all of its phases, including laws, literature, banners, posters, lantern slides, phonograph lectures, the Straus milk charity, etc.

A study of the personal side of the distinguished delegates was extremely interesting. Everywhere could be seen strong character, intelligence, earnestness, determination and force in every form. Koch was easily the leader, but there were many strong followers from all over the world, and it was very gratifying to notice that our own men showed up to good advantage. It was enough to make a tubercle bacillus' ears burn and his teeth chatter with nervous chills to look and listen. It was indeed a mighty host of scientists fighting shoulder to shoulder with the flag of every nation interwoven with the black flag. The war is on, and it is war to the death, and its scope is as broad as the civilized territory of the globe.

There was only one radical difference of opinion, and that was fought out in camera with Koch against the field, and it was a battle of giants. It was the question of the unity of human and bovine tuberculosis, Koch maintaining that there was a radical difference and that there is no great danger from cattle. It was a brilliant fight and lasted for many hours and many languages were spoken and interpreted. The great scientist did not yield the slightest. Possibly in the depth of his researches collateral facts are obscured. It is far safer to hold the other view. The vast majority of experienced physicians believe that many of the brain, bowel and bone troubles of children especially originate in infected cows' milk or diseased meat. It is better to go on testing herds in a scientific manner and making every possible effort to procure for our children a milk supply that is known to be pure, and sound meat for all.

Contagion and infection was, of course, discussed. That tuberculosis is contagious or infectious has been proven beyond question, but it is so only by intimate and prolonged association with a patient, or residence in a place where the bacilli have been left without disinfection. It was demonstrated at the Congress to the satisfaction of all, that flies carry the bacilli both on their feet and through the intestinal tract. Is it not strange that an intelligent community, knowing the danger of these dirty-footed, disease carriers and feeders upon filth will tolerate them when they could be so easily exterminated?

To the physician who has through a quarter of a century observed the development of tuberculosis in families and in those of certain conditions and tendencies it looked like the ultra scientists were getting a little too far away from heredity. Tuberculosis may not be directly hereditary, but there can be no question of an inherited predisposition which requires careful watching and special attention during childhood. Physicians who attended the Congress are being asked, "Was there anything new?" There was much that showed progress. Early diagnosis is of paramount importance, and here a distinct advance is found in conjunctival tests, cutaneous absorption, subcutaneous injection, opsonic index, etc., which would require much space for description and had better be left to family physicians to explain.

As to cure, far more cases recover than was thought formerly, and no one could witness the events of the Congress and observe the scientific attainment, the sturdy character and serious earnestness of the men who are investigating without believing that a specific is coming with absolute certainty. It is brain and energy and determination against truths that are yet hidden, but the battle will result in victory for science in due course of time. Meanwhile the cure lies in rest during the fever stage, injection of tuberculin in selected cases, cleanliness, fresh air, suitable clothing, proper food, good digestion and properly advised outdoor life.

Many recover and the outlook is extremely hopeful.

*The many delegates to the International Congress on Tuberculosis have been active in arousing public interest by making reports of the meeting in the public press. As among the best of these reports we reproduce the following from *The Passing Show* and from *The Sunday Sentinel.*

There was very general sentiment in favor of home treatment. Most cases will do well at home when put under the proper regime, and it was conceded on all sides that to send advanced cases away, especially the ignorant and the helpless poor, was a menace to other communities and the traveling public, and unfair to the patient. This sentiment lead to the inevitable conclusion that each State must provide sanatoria for the indigent consumptive. This feeling was universal and emphatic and must lead to widespread results. It is believed that it will be but a short time till each State will care for tubercuIous patients just the same as for the insane. Great will be that day for Texas, and particularly San Antonio, where the distressing misfortunes of many cases would bring tears to the eyes of a stoical savage.

A specific must come and will not be long delayed, but the supreme question is prevention. The Congress was unanimous and enthusiastic on this point. Elaborate rules were laid down for segregation, registration, disinfection and health regulations in general looking to prevention. A strong disposition was shown by all authorities to insist that prevention is a question of education of all classes. The professors in universities, the faculties of colleges, and teachers of all branches, health officers, sanitary inspectors, etc., must be educated on the subject and a way should be devised to reach them. It was a source of keen disappointment to the writer that the greatest of all resources in the educational fight was scarcely touched, that is, the school children. A deep and strong conviction, based on experience, leads him to believe that if Congress would authorize the President to appoint a special educational committee on the prevention of tuberculosis and provide ample funds, even one-tenth of what the government is spending to prevent disease in animals and plants, that such a committee, co-operating with health and educational authorities all over the United States, could and would organize our twelve million public school children in a work that would startle the world and that would control the disease in a few years.

The Texas delegation, led by the indomitable Brumby, created a great impression, and it was largely through the instrumentality of the strong men of Texas that many important matters of policy and future action were instituted. By skillful and energetic work they secured the loan of a magnificent exhibit which many States were clamoring for, and it is now visiting the different cities of Texas, and will do much good.

For thousands of years tuberculosis has killed one out of seven of the human family, and caused untold suffering and sorrow, but the marvelous work of this great Congress will stimulate thought and effort throughout the world on the subjection of mankind's greatest enemy and will penetrate every community, carrying a message of new hope and inspiration in humanitarian endeavor.

It is a significant fact that scientific and philanthropic men are not alone in this great work. The tender heart of woman has been touched and with a burning desire to relieve suffering and to make the world happier, she stands ready with keen intellect and unlimited energy, with a heart full of sympathy and an unclouded mind full of resources, to enter the fight.—*The Passing Show.*

ECHOES FROM THE TUBERCULOSIS CONGRESS.

BY

J. H. TAYLOR, M. D.,

County Health Officer, Harrison County,

MARSHALL, TEXAS.

The world's congress, which met in Washington, D. C., September 28th, a guest of our government, for the purpose of studying the all important subject of tuberculosis in all of its multitudinous phases, came to a close October 3rd after a notable session. Having had the honor and the pleasure of representing this county as a delegate in this most remarkable gathering, I deem it a privilege and a duty to comply with the request of the editor of the *Sentinel* that I make a brief report of the meeting through its columns.

In answer to the question as to what the Congress is for, and what it expects to accomplish that so much stir be made and so much expense incurred, I may say that it simply means that the civilized world is waking to the fact that consumption, a preventable disease, is annually killing more people than almost all other diseases combined, certainly more than all other infectious diseases, and is increasing its lead daily and rapidly. It is estimated that consumption, in all of its forms, kills one of every eight who die of any disease. Carefully gathered statistics show the annual death rate in the United States from this cause to be approximately 150,000. This figure is unquestionably far below the true number, many deaths attributable to this disease, directly or indirectly, never being reported.

It is estimated that if the present death rate continues, 8,000,000 people now living will eventually be killed by consumption. Yellow fever, scarlet fever, typhoid fever, cholera, plague, diphtheria and smallpox are but ripples on the sea of our well-being when compared to the insidious and ruthless devastation of this most familiar of diseases, the great white plague.

This Congress, an international one, meets once in three years, and for the sole purpose of comparing notes as to the progress of research and study, of exchanging views, and devising means of combating this arch enemy of animal life. To the question as to whether successful means of combating this dread disease will ever be devised, I unhesitatingly reply that it will; in fact, much has already been done in that line, and consumption is being cured daily, not so much by medicines, but by carefully devised systems of hygienic living. Scientists tell us, and prove it, that the disease is caused by a well-known germ, the tubercle bacillus, and can be contracted in no other way than by coming in direct contact with it. The theory of heredity has long since been abandoned by the best informed, and not a paper read before the Congress mentioned this theory as a factor. The disease must be conveyed through the medium of the sputa or secretions of the tuberculous infected person or animal (the latter offering the one point of disagreement between the leaders of the Congress), the most common method of dissemination is by means of the coughed up and expectorated sputa.

The question thus becomes an exceedingly simple one; we have only to stop those at present infected from spreading the bacilli in this manner, cure those amenable to treatment and disinfect a few premises to stop the whole thing. The Congress seeks to have the consumptive so educated along this line that he will never cough without holding a cloth before his mouth; to never expectorate at random, but always in or upon some article which may be burned or readily disinfected in some other way, and to refrain from any other practices which might be the means of passing the germ on to others, directly or indirectly. Such a person is not a vital source of danger and may mingle with others unimpeded and without danger to any one. It is the ignorant and the indigent tuberculous subject who is giving the medical world its greatest concern, and the Congress went on record as emphatically endorsing the project of State and government sanatoria for the treatment, free of cost, of such people, and for the treatment at moderate cost of those who are not able to send their sick to the more expensive private sanatoria. And why should any State not build such and support them handsomely? Vast sums are spent annually by all of them in providing for the care and treatment of the insane, not so much from a humanitarian standpoint, but because of the danger to the public of the free lunatic. I submit that the free tuberculous patient, not able to care for himself if he knew how, is a much greater source of danger.

The Congress is fully alive to the fact that any great movement to be successful must be popular, and to this end much is being done. The people, through their government and their various organizations, technical, commercial and fraternal, are being importuned to take up the work, and much is being done through the medium of the lay press. The scientist has located the germ which causes the disease and is so well acquainted with it as to know all the weak spots in his armor and how to reach them; given the assistance of the people generally, why should we not be victorious in this great fight?

The Congress itself was a huge affair, numbering between four and five thousand actual delegates, many of them men of world-wide reputation and coming from afar to add their weight to the movement. Robert Koch, of Germany, was the lion of the hour, and deservedly so. It is to him we owe the discovery of the tubercle bacillus, and to him more than to any one else, perhaps, the many important advances made in the work since that time—notably, proof that the disease is not hereditary. There were many other great men and investigators present, many of them almost as well known as Koch. It was indeed inspiring to hear these devoted men debate the still unproven hypotheses in their chosen field, and to be counted for a time as one among them.

The expected specific, or positive cure, for consumption, was not announced. None such has as yet been perfected. The search is still in progress, however, and many of those present believed it would eventually result in its discovery. But for the present the plan of battle is to fight the germ outside of the body, to besiege it inside the body, and cure by lots of fresh air, judicious exercise and plenty of rich, nourishing food. Whether the sick be cured or not, the idea is to quarantine the germ in the body, much as the smallpox patient is quarantined in his room. There were many papers read touching the many phases of the subject, and much valuable information disseminated. The main contention, however, was whether bovine tuberculosis, the kind found in cow's milk, is transmissible to the human. Koch thinks it is not, but he stood almost alone in his contention. It is, perhaps, the most weighty question at present to be decided, and investigation along this line will be pushed vigorously.

The tuberculin test, as a diagnostic method, received much attention, and it is generally conceded that the method is reliable in the hands of an experienced person, and entirely harmless.

The Congress meets next in Rome, in 1911, and it is to be hoped that the utter conquest of the army of the great white plague will be announced to the applauding world at that meeting. This is not a wild hope if the people will help.—*The Sunday Sentinel.*

A PLAN TO ACCELERATE SLOW PAY PATIENTS.

Dr. J. T. Lawson, Secretary of the Montague County Medical Society, writes that the following notice carried for two weeks in the Bowie, Texas, local papers worked wonders with slow pay patients:

We, the undersigned physicians of Bowie, take the liberty to address this letter to our patrons and to those who expect to patronize us in the future.

There is no doubt of the fact that many people pay everybody else before they pay their doctor, and in many cases fail to pay him at all. Some because they can't, and some because they don't want to. As a rule the farmers who do not pay us are men who give mortgages to the banks and merchants on everything they own and make no provision for a probable doctor's bill. All we want is a square deal. We are willing to render our services for a reasonable price and have been doing so all along, but we want some assurance that we will be paid. We suggest that every salaried or wage-worker save a portion of his wages each week or month to make a fund to meet a probable doctor's bill or to pay one he already owes.

We want every farmer who gives mortgages to remember his doctor when he goes to the banks or merchants to mortgage his crops and teams for money or supplies.

You will probably need the services of a physician some time during the year, and we request you to make provisions for paying him.

Every person who has ever employed a Bowie physician is given a rating, in a book we have for that purpose.

You are rated as either good pay, slow pay or bad pay.

These ratings will be changed as often as circumstances require.

If you are good pay and later on fail to pay some one of us, your rating will be changed to bad pay, and you will have to pay cash or give security.

If you are now rated as bad pay, you can, by paying up in full, have your name removed from the bad paying class and placed with the good paying class.

But, unless you pay up you can not expect a physician's services except for cash or good security.

Those persons unable to pay their back accounts will be required to give notes, secured by mortgages or good personal security.

Those persons who are in arrears with their physician for any cause must pay or make satisfactory arrangements with him to have the amount carried over in form of notes, etc., before engaging another physician to do his practice.

Ministers and others who have been accustomed to concessions and free practice will be charged the regular fee for all services.

Newcomers will be required to pay cash or make satisfactory arrangements, and for their benefit we append our schedule of minimum fees:

Town Practice.

Day visits.....$2.00
Night visits..... 3.00

Obstetrics, $15, and $1.00 per hour for detention after 4 hours.

Complicated cases of obstetrics, $25 to $50.

All obstetrical work cash.

Consultation $10.00

Office Practice.

Prescriptions $1.00
Office treatment.....$1.00 to 5.00

Country Practice.

Day visits, $1.00 per mile, except for first two miles or less, which is $2.50 to $3.00 per visit.

Night visits are 50 cents per mile more than day visits.

Consultation, $10, and $1.00 per mile.

All other work same as town practice.

Old line life insurance examination, $5.00 straight.

Respectfully yours,

G. R. Yantis, M. D.
J. D. Wilson, M. D.
J. D. Graham, M. D.
J. Younger, M. D.
Sneed Strong, M. D.
G. W. Yeakley, M. D.
J. T. Lawson, M. D.

THE TRI-STATE MEDICAL ASSOCIATION.

The Tri-State (Arkansas, Louisiana and Texas) Medical Association met in Texarkana, November 11th, with a large and representative attendance. The program was interesting, and quite a few eminent physicians and surgeons were present to discuss the various items presented. The following is the program as rendered:

"*Strangulated Inguinal Hernia with Enterectomy, Report of Cases,* Dr. A. Herold, Shreveport; "*Neurasthenia,*" Dr. T. S. Ragland, Gilmer; "*Plastic Surgery, Report of Case,*" Dr. Preston Hunt, Texarkana; "*Municipal Water Supplies,*" Dr. J. M. Bodenheimer, Shreveport; "*Auto-Intoxication,*" Dr. S. A. Collom, Rateliff; "*Criminal Abortion and Some of Its Growing Evils,*" Dr. C. M. Lutterloh, Jonesboro, Ark.; "*When to Operate in Appendicitis,*" Dr. T. F. Kittrell, Texarkana; "*An Improved Operation for Fistula in Ano, with Specimens,*" Dr. I. C. Chase, Fort Worth; "*Tuberculosis and Pregnancy,*" Dr. Adam Guthrie, Prescott; "*Laryngeal Tuberculosis and Pregnancy,*" Dr. R. H. T. Mann, Texarkana; "*Some Important and Neglected After Treatments,*" Dr. W. M. Perkins, New Orleans; "*Report of Case of Complete Prolapse of the Uterus and Bladder of Eight Years' Standing,*" Dr. C. A. Smith, Texarkana; "*Malarial Hemoglobinuria and Hematuria,*" Dr. J. B. Pratt, Natchitoches, La.

The annual address of President Dr. C. A. Smith was of special note, and preceded the regular program. Several new members were enrolled during the meeting.

The following officers were elected for the ensuing year: President, Dr. J. C. Willis, Shreveport; Vice-Presidents, Drs. J. F. Rowland, Hot Springs, W. M. Perkins, New Orleans, and J. D. Gowan, Queen City; Secretary-Treasurer, Dr. J. M. Bodenheimer, Shreveport; Councilors, Drs. A. U. Williams, Hot Springs, W. C. Cruteher, Mt. Vernon, and J. B. Pratt, Natchitoches.

Marshall was chosen for the next place of meeting, and the time of meeting changed to Wednesday of the third week in November.

A vote of appreciation was extended the doctors and citizens of Texarkana, the press and the visiting physicians from abroad for favors rendered.

An enjoyable smoker was tendered the visiting physicians by the physicians of Texarkana at the Huekins House in the evening.

A REMARKABLE MONSTROSITY.

To the Texas State Journal of Medicine:

I beg to report to your readers a case of abnormality, a picture of which I herewith enclose. It is a baby girl born without either arms or legs.

Family History.—The father and mother of this child are both 36 years of age. Family history on both sides perfeet. This is the sixth child born into this family, all living, healthy and natural at birth, except this one, born Oetober 14, 1908.

Personal History.—The mother went to full term, and had a precipitated labor. The infant was three days old at the time this picture was taken. At the time of writing this, the baby is twenty-three days old and is and has been in perfect health in every respeet and weighed seven pounds at birth.

Yours very truly,

W. E. HUBBERT, M. D.

Hico, Texas, November 6, 1908.

The above is a most remarkable monstrosity. A seareh of literature for parallel instances reveals several eited in Gould and Pyle's "Anomalies and Curiosities of Medicine." It is probable that infants born without limbs are either the subjeets of intra-uterine amputations or of embryonic malformations. One of the most remarkable cited is the case of Mare Cazotte, known as Pepin, who died in Paris in the last eentury aged 62. He had no arms, legs or scrotum, but from very jutting shoulders on each side were well formed hands. Flasehland (*Observat. Patholog. Anat.*, p. 44) speaks of a woman who three times had borne children without arms or legs. Garlick (*Provincial Medical and Surgical Journal*, London, 1849) deseribes a ehild with neither upper nor lower extremities. In plaee of them were short stumps three or four inches long, closely resembling the ordinary stumps after amputation. The head, ehest, body and male genitals were well formed, and the ehild survived. Hastings (*Transactions of the Medico-Chirurgical Society of Edinburgh*, 1826, Vol. II, p. 39) deseribes a living ehild born without any traee of arms or legs. Hutehinson (*Transactions of the Pathological Society of London*, 1853, p. 343), reviews the history of a ehild born without extremities, probably the result of intra-uterine amputation. The flaps were healed at the deltoid insertion and just below the groin. Transactions of the State Medical Association of Texas, 1894, Dr. M. M. Smith, Austin, reported, with photograph, the birth of a negro baby without arms, legs, bladder or sexual organs. The ehild lived twenty days.

RESOLUTIONS CONCERNING THE NEW MEDICAL LAW.

We, the members of the Fourth District Medieal Soeiety, in regular session on this day, at Brownwood, October 20, 1908, after due eonsideration and careful deliberation, pass the following resolutions, towit:

WHEREAS, There is and will be a combined effort on the part of faith healers, Christian Seientists, fakers and quacks, to either repeal the one board medical law, or amend the same until they will be admitted to administer to the s and afflicted without qualifieations, and at the same time e allowed to eharge for the same.

WHEREAS, We believe the greatest good has been and s being accomplished through this one board law, not only r honest doetors who have spent time and money to qua for the profession, but for the public who are not in a posit to reeognize ineompetency until they have suffered.

WHEREAS, We believe the said law is fair and in no v partial, as it admits any and all recognized sehools of m eine. Even Christian Scientists can pass this board, if p erly edueated in anatomy, chemistry, pathology, and poss ing a fair knowledge of eontagious and infectious disea without being asked questions in regard to remedial age s used. Therefore, be it

Resolved, First, That we heartily endorse the board in t r honest efforts to do justiee to all applieants, and we c mend them for their impartial endeavor to enforee said l

Second, That we request of our Representatives in S n Angelo District to thoroughly investigate this one board as to its relation to elass legislation, and to also consider e motives of those who assail it.

Third, That a copy of these resolutions be sent to our St e Senators and Representatives in this district, believing t y will be diligent in their efforts to proteet and elevate e standard of the medical profession as well as the interest f all concerned.

PROCEEDINGS OF THE THIRD ANNUAL MEETING F THE MEDICAL ASSOCIATION OF THE SOUTHWES HELD AT KANSAS CITY, MO., OCTOBER 19-21, 1908.

Coates House, Oetober 19.

A meeting of the Executive Committee was held with e following members present: Drs. B. J. Vanee, L. H. Buxt J. Johnson, G. H. Moody, E. H. Cary, John Punton, Ch man of the Committee of Arrangements; President Thos. Holland and Secretary F. H. Clark.

The Secretary presented the application of Dr. J. R Lytle, of Kansas, who was not a member of the State A ciation because his county association was not affiliated w the State Assoeiation, but who asked for membership in e Medieal Association of the Southwest. The applieation s rejected and the Seeretary instructed to write him that eording to the eonstitution none but members of the e ponent State associations eould become members of this soeiation.

The Secretary reported that he had seeured the serviees f Mr. William Whitford, of Chieago, who is the offieial repo r for the A. M. A., to report the proeeedings of this meeting t a rate of $10 per day and 20 cents per folio of 100 words r two copies of the transeript of the proeeedings. On mot n, duly seeonded and carried, the action of the Secretary s endorsed.

On motion of Dr. Punton, duly seconded and earried, e rule was adopted that during this meeting papers should e read alternately from eaeh seetion.

The Chairman of the Committee on Arrangements then o lined the plans for the meeting, including the soeial featu s.

The Seeretary-Treasurer presented his report. The pres t membership numbers 580, whieh shows a very satisfaet y gain during the past year. The finaneial report shows:

Total reeeipts during year	$653 9
Total disbursements	622 5
Balance on hand	$ 30 4

Total outstanding bills, $91.25.

An anditing committee eonsisting of Drs. E. H. Cary, J Punton and F. H. Clark was appointed to audit the books l aeeounts, and after reporting that they had found the bo and aeeounts eorreet, the report was received and orde l spread on the records.

A letter from Dr. H. L. Burrill, President of the A. M. regretting his inability to be present and wishing the A eiation a very prosperous year and a good meeting, was r l and ordered read to the Association at one of the gen l meetings.

The President addressed the committee at length regard g the necessity for hearty co-operation on the part of the St

rnals if we are to make this Association a success, and authorized to appoint a Publication Committee consisting of one from each State who is a member of the Executive Committee, to devise ways and means to accomplish this result.

Adjourned to meet Tuesday, October 20, at 12 m.

Casino Hall, October 19, 2 p. m.

General meeting called to order by the Chairman of the Committee of Arrangements. Dr. John Punton, of Kansas City, Mo., announced that Mayor T. T. Crittenden, who was to deliver the address of welcome, was unavoidably detained, and introduced Dr. Jabez N. Jackson, who, in a few well chosen words gave a cordial welcome to the physicians and their wives in behalf of the profession of Missouri and of Kansas City. Dr. Punton then announced that immediately after adjournment of this session the visiting physicians were invited to become the guests of the Kansas City physicians to enjoy an automobile ride over the parks and boulevards of Kansas City. He then introduced Dr. Thomas E. Holland, of Hot Springs, Ark., President of the Association, who called the following to respond to the words of welcome for their respective States: For Arkansas, Dr. C. T. Drennon, of Hot Springs; for Oklahoma, Dr. A. K. West, of Oklahoma City; for Missouri, Dr. C. W. Fassett, of St. Joseph; for Kansas, Dr. Geo. M. Gray, of Kansas City, Kan., and for Texas, Dr. Joe Becton, of Greenville, Texas.

Adjourned to meet at 8:30 p. m.

Coates House, October 19, 9 p. m.

Meeting called to order by Vice-President S. S. Glasscock, who introduced the President, who then delivered his annual address, which dealt particularly with the birth, origin and aim of this Association.

Meeting adjourned to take up the scientific program at 9 a. m.

The State delegations reported the following for members of the Nominating Committee: From Kansas, Drs. Geo. M. Gray, C. C. Goddard, Noah Hays, Hugh B. Caffey and S. S. Glasscock; from Missouri, Drs. Mott, Fassett, Lockwood, Dalton and Stauffer; from Arkansas, Drs. St. Cloud Cooper, J. M. Taylor, J. A. Foltz, J. T. Henry and E. H. Martin; from Oklahoma, Drs. A. K. West, M. A. Kelso, H. C. Reed, R. V. Smith and S. M. Jenkins; from Texas, Drs. F. D. Boyd, Joe Beeton, E. H. Cary, D. Strickland and Bacon Saunders.

Casino Hall, October 20, 9 a. m.

Meeting called to order by Vice-President S. S. Glasscock, who introduced Dr. Bacon Saunders, who read the Chairman's address for the Section on Surgery; Dr. F. B. Young, of the Section on General Medicine, and Dr. L. H. Buxton, of the Section on Eye, Ear, Nose and Throat. Dr. Glasscock then introduced Hon. T. T. Crittenden, Mayor of Kansas City, who addressed the Association briefly.

Dr. Punton then announced that at 2 p. m. the committee to entertain the visiting ladies would take them for an automobile ride around the boulevards, stopping for tea at the Country Club. Also that the visiting physicians would be entertained with a smoker in the Coates House Tuesday evening at 8 p. m.

The Secretary reported that since the meeting of the Association at Hot Springs about 150 new members had applied for admission, all of whom represented themselves to be members in good standing of their respective State associations, and asked if he should read the names of these applicants.

Upon motion, duly seconded and carried, the reading was dispensed with and the Secretary instructed to enroll the applicants as members.

Meeting adjourned to take up the scientific program.

Parlor A, Coates House, October 20, 12 m.

Meeting of the Executive Committee called to order by President Thos. E. Holland, with the following members present: Drs. G. H. Moody, John Punton, L. H. Buxton, B. J. Vanee, Bransford Lewis, C. T. Drennon, LeRoy Long and F. H. Clark.

A free discussion regarding the work of the Publication Committee was indulged in and the President announced as the committee for the coming year: Dr. C. T. Drennon, for Arkansas; Dr. Bransford Lewis, for Missouri; Dr. L. H. Buxton for Oklahoma; Dr. Geo. M. Gray, for Kansas; Dr. G. H. Moody, for Texas.

The Publication Committee was instructed to meet at 5:15 p. m. Tuesday afternoon. The committee then adjourned to meet Tuesday evening at 8 p. m.

8 p. m.—Meeting of the Executive Committee called to order. The Secretary, who had been instructed to prepare the report of the Executive Committee, presented the same, which embodied the portions of the report showing the present membership and the financial statement and the effort made to interest all the county officers in the five States and to secure their attendance at this meeting, and recommended that the effort be renewed during the coming year. It also contained the report of the special committee appointed to attend the annual meeting of the A. M. A. at Chicago and ask for recognition as a branch association, and reported that such recognition had been formally promised by Dr. Jas. N. MacCormack at that time. It also mentioned the need for more thoroughly presenting the aims and needs of the Association to the profession at large through the different State journals, and recommended that this matter be urged and an active campaign be carried forward. The question as to whether or not the Association should continue the experiment tried this year of having all the sections meet in common that had been arranged for this year, and the recommendation was then adopted that at the next annual meeting but two general scientific sessions should be provided and that the balance should be devoted to the sections.

After accepting the above report and authorizing the Secretary to present the same at the general session the following morning, the committee adjourned to meet again Wednesday at 12 m. after the election of the new officers.

Casino Hall, October 21, 9 a. m.

Meeting of the Association called to order by President Holland. Dr. Geo. M. Gray, of Kansas City, Kan., then presented the following resolution:

Resolved, That the Medical Association of the Southwest approves the efforts of the graduate trained nurses to raise the standard of education and to obtain proper recognition through registration.

(Signed) GEO. M. GRAY.

The report of the Executive Committee as outlined elsewhere was presented, and upon motion, duly seconded and carried, was adopted and ordered placed upon the minutes.

The following resolutions were then presented by Dr. E. H. Martin, of Hot Springs, Ark.:

WHEREAS, The tendency of physicians and charitable organizations over the country is even now to send advanced, indigent consumptives from their homes to climatic resorts, notably parts of Texas, Colorado and the Southwest; and

WHEREAS, The consensus of opinion among the best authorities is that climate alone can not cure tuberculosis; and

WHEREAS, Boarding houses and hotels in many resorts no longer open their doors to this class of people, thereby depriving them of any chance of securing proper accomodation; and

WHEREAS, The sanitariums and eleemosynary institutions of the Southwest are already overburdened with such cases and the people are called upon to do double duty in that that they must take care of others beside their own consumptives; therefore, be it

Resolved, That all States and Territories throughout the country and all physicians and charitable organizations be urged to discourage the aimless drifting of the average consumptive, and that all advanced consumptives be kept within the confines of their own city, county or State; and that the legislatures of the several States be urged to pass such laws as will insure the building and maintenance of sanitariums for curable cases and hospitals for the advanced and incurable cases.

(Signed) E. H. MARTIN.

Upon motion, duly seconded and carried, the above motions were unanimously adopted. The Secretary was also authorized to notify the secretary of each State association of this action.

The report of the Nominating Committee was then presented, placing in nomination for the office of President for the coming year Dr. Jabez N. Jackson, of Kansas City, Mo., and Dr. S. S. Glasscock, of Kansas City, Kan. Upon motion of Dr. Glasscock, duly seconded and carried, the rules were suspended and the Secretary was instructed to cast the unanimous ballot of the Association for Dr. Jackson for President for the coming year. The Secretary then announced that he had cast 243 votes for Dr. Jabez N. Jackson for President, and the President declared him duly elected.

The committee then nominated for Vice-Presidents Drs. M. L. Berry, of Parsons, Kan.; M. A. Kelso, of Enid, Okla.; Joe Becton, of Greenville, Texas, and St. Cloud Cooper, of Fort Smith, Ark.

Upon motion the rules were suspended and as before the Secretary instructed to cast the unanimous ballot for the above named for Vice-President, which was accordingly done, and the President declared each of them duly elected.

The Nominating Committee then placed in nomination for Secretary-Treasurer Dr. F. H. Clark, of El Reno, Okla., and

upon motion the Secretary of the Nominating Committee was instructed to cast the unanimous ballot of the Assoication for Dr. Clark for Secretary-Treasurer, and the President declared him duly elected.

Dr. Bacon Saunders then moved that a rising vote of thanks be given the Secretary-Treasurer for his services in behalf of the Association during the past year, which was unanimously carried, after which the Secretary in a few words thanked the Association for the honor they had conferred upon him and pledged his very best efforts in the year to come.

The President then appointed as a committee to wait upon the President-elect and inform him of his election, and invite him to the platform, Drs. Bacon Saunders and C. W. Fassett. While Dr. Fassett was searching for the President, Dr. Saunders presented the following resolutions, which were unanimously adopted by a rising vote:

In view of the unbounded hospitality and the ample facilities afforded this Association at this meeting for the comfort, pleasure and delectation of its members; be it

Resolved. That the thanks and sincere appreciation of the Medical Association of the Southwest be expressed by a rising vote to the profession of Kansas City, to its Committee of Arrangements, and to all those who in any way have contributed to the royal greeting and lavish hospitality extended to us during this meeting.

And especially do words fail us when we attempt to voice the gratitude of our hearts for the very great courtesy shown in providing such unfailing means for the pleasure and happiness of the visiting ladies. They must be a gentle and hospitable people, indeed, who care so well for the strangers within their gates.

Here's to the city by the Kaw, may her longevity and prosperity be as boundless as her hospitality.

(Signed) BACON SAUNDERS.

The President-elect, Dr. Jabez N. Jackson, was then installed into office and addressed the Association, setting forth briefly the aims and ambitions for the coming year and asking for the same loyal support that had been accorded his predecessor.

The following members of the Executive Committee were then chosen to serve for three years: Dr. B. J. Vance, Checotah, Okla.; Dr. J. D. Riddell, Enterprise, Kan.; Dr. E. H. Martin, Hot Springs, Ark.; Dr. C. W. Fassett, St. Joseph, Mo.; Dr. D. Strickland, Cleburne, Texas.

The Nominating Committee then placed in nomination for the next place for meeting San Antonio, Texas, which was upon motion duly selected, and the Association adjourned to take up and finish the scientific program.

Section Officers for the Coming Year.

Section on Surgery.—Chairman, Dr. J. A. Foltz, Fort Smith, Ark; Vice-Chairman, Dr. R. H. Barnes, St. Louis, Mo.; Secretary, Dr. E. H. Martin, Hot Springs, Ark.

Section on General Medicine.—Chairman, Dr. A. K. West, Oklahoma City, Okla.; Vice-Chairman, Dr. G. H. Moody, San Antonio, Texas; Secretary, Dr. Louis M. Warfield, St. Louis, Mo.

Section on Eye, Ear, Nose and Throat.—Chairman, Dr. F. D. Boyd, Fort Worth, Texas; Vice-Chairman, Dr. J. F. Gesell, Wichita, Kan.; Secretary, Dr. A. W. McAlester, Kansas City, Mo.

STATE SENATORS AND REPRESENTATIVES.

The doctors of Texas are much interested in the personnel of the coming Thirty-first Legislature, owing to their interest in a State Board of Health measure and a bill for a State Tuberculosis Sanatorium. The following list of members of the House and Senate and U. S. Congressmen is presented from the *Dallas News*:

STATE SENATORS.

Holdover Senators.

The following State Senators elected in 1906 will hold office until 1910:

1. J. M. Terrell, Daingerfield.
6. E. G. Senter, Dallas.
7. W. J. Greer, Wills Point.
8. Charles L. Brachfield, Marshall.
9. W. R. Hosley, Powell.
14. E. I. Kellie, Jasper.
17. Thomas W. Masterson, Galveston.
18. David A. Paulus, Hallettsville.
19. Q. U. Watson, Giddings.
22. W. O. Murray, Floresville.
23. John G. Willacy, Portland.
25. Claude B. Hudspeth, Ozona.
27. Earl B. Mayfield, Meridian.
29. John W. Veale, Amarillo.
30. D. M. Alexander, Weatherford.

New State Senators.

Following are the newly elected Senators, by districts:

2. H. Bascom Thomas, Sulphur Springs.
3. B. B. Sturgeon, Paris.
4. R. E. Cofer, Gainesville.
5. Tom W. Perkins, McKinney.
10. Pierce B. Ward, Cleburne.
11. H. B. Terrell, West.
12. Alf J. Harper (re-election), Mexia.
13. C. C. Stokes (re-election), Crockett.
15. McDonald Meachum (re-election), Navasota.
16. F. Charles Hume, Jr., Houston.
20. John L. Peeler, Austin.
21. F. C. Weinert, Seguin.
24. ——— Real, San Antonio.
26. Arch Grinnan (re-election), Brownwood.
28. W. J. Bryan, Abilene.
31. J. P. Hayter, Decatur.

THE REPRESENTATIVES.

Following are the Representatives in the different distr[illegible]:

1. N. L. Dalby, New Boston, Bowie county.
2. W. W. Lawson, Annona, Red River county.
3. P. B. Branch, Mount Pleasant, Titus county.
4. Place No. 1, J. C. Mason (re-election), Deport, L[illegible]ar county.
4. Place No. 2, Charles Roach, Paris, Lamar county.
5. H. E. Pharr, Sulphur Springs, Hopkins county.
6. Walter A. Nelson (re-election), Sulphur Springs, [illegible]pkins county.
7. G. W. Fant, Linden, Cass county.
8. L. P. Wilson, (re-election), Marshall, Harrison co[illegible]ty.
9. S. G. Bostic, Marshall, Harrison county.
10. W. O. Stamps, Gilmer, Upshur county.
11. B. F. Cathey, Quitman, Wood county.
12. D. M. Reedy (re-election), Tyler, Smith county.
13. Jesse Odom, Lindale, Smith county.
14. Sidney S. Baker, Carthage, Panola county.
15. J. R. Reid, Mount Enterprise, Rusk county.
16. George B. Terrell (re-election), Alto, Cherokee co[illegible]ty.
17. Homer A. Dotson, Cushing, Nacogdoches county.
18. J. T. Bogard, Timpson, Shelby county, is oppose[illegible] by John McLendon, Center, Shelby county. The r[illegible]ult is in doubt. Both set up a claim to the nomin[illegible]ion and the committee turned them loose.
19. Place No. 1, S. H. Gorman, Livingston, Polk county.
19. Place No. 2, F. O. Fuller (re-election), Cold Sp[illegible]gs, San Jacinto county.
20. J. M. Horger, Newton, Newton county.
21. W. M. Harman, Lamb, Liberty county.
22. John C. Chaney, Amelia, Jefferson county.
23. Place No. 1, Jens Moller, Galveston, Galveston co[illegible]ty.
23. Place No. 2, Marsene Johnson, Galveston, Galv[illegible]ton county.
24. Place No. 1, August Haxthausen, Houston, Harris co[illegible]ty.
24. Place No. 2, Ike M. Standifer, Houston, Harris co[illegible]ty.
24. Place No. 3, C. C. Highsmith, Houston, Harris co[illegible]ty.
25. J. C. Ralston (re-election), Hempstead, Waller co[illegible]ty.
26. Place No. 1, A. T. McKinney (re-election), Hunt[illegible]lle, Walker county.
26. Place No. 2, W. H. Driggers (re-election), Willis, [illegible]ntgomery county.
27. John R. Luce, Latexo, Houston county.
28. J. J. Striekland (re-election), Palestine, And[illegible]son county.
29. John A. Bobley (re-election), Athens, Henderson co[illegible]ty.
30. John T. Curry (re-election), Grand Saline, Van [illegible]ndt county.
31. I. A. J. Nelson (re-election), Ashworth, Ka[illegible]man county.
32. C. E. Gilmore (re-election), Wills Point, Van [illegible]ndt county.
33. Place No. 1, B. F. Vaughan, Greenville, Hunt cou[illegible]y.
33. Place No. 2, R. E. Westbrook, Wolfe City, Hunt co[illegible]ty.
34. Place No. 1, Sam T. Rayburn (re-election), Wi[illegible]m, Fannin county.
34. Place No. 2, T. J. Self, Dodd City, Fannin county.

. Place No. 1, J. R. Elliott, Sherman, Grayson county.
. Place No. 2, J. L. Aston, Sherman, Grayson county.
. Place No. 3, John Marshall, Whitesboro, Grayson county.
. Place No. I, C. M. Spradley, Allen, Collin county.
. Place No. 2, T. J. Bowles (re-election), Nevada, Collin county.
. Place No. 1, W. L. Crawford, Jr., Dallas, Dallas county.
. Place No. 2, C. M. McCallum (re-election), Dallas, Dallas county.
. Place No. 3, E. C. Lively (re-election), Irving, Dallas county.
. Jeff D. Cox (re-election), Rockwall, Rockwall county.
). Place No. 1, E. J. Anderson, Waxahachie, Ellis county.
). Place No. 2, W. S. Stepter, Palmer, Ellis county.
). Place No. 1, W. A. Tarver, Corsicana, Navarro county.
). Place No. 2, S. J. Jennings (re-election), Kerens, Navarro county.
. J. Ross Bell (re-election), Fairfield, Freestone county.
. L. Pat Leach, Bighill, Limestone county.
. J. M. Brownlee, Madisonville, Madison county.
. J. G. McDonald (re-election), Anderson, Grimes county.
). Wilbur Claud Davis (re-election), Bryan, Brazos county.
. W. D. Crockett (re-election), Chappell Hill, Washington county.
. J. P. Buchanan, Brenham, Washington county.
. S. M. Meek, Somerville, Burleson county.
). W. A. Trenckman (re-election), Bellville, Austin county.
). C. A. Allen, Weimar, Colorado county.
. W. E. Rabb, Sweet Home, Lavaca county.
. Horace D. Brown, El Campo, Wharton county.
. W. S. Munson, Angleton, Brazoria county.
. J. W. Flournoy, Beeville, Bee county.
. A. S. Crisp (re-election), Cuero, DeWitt county.
. C. K. Walter (re-election), Gonzales, Gonzales county.
. C. J. Von Rosenberg, La Grange, Fayette county.
. Roger Byrne, Smithville, Bastrop county.
). Walter Kuble, Elgin, Bastrop county.
). William M. Schofield, Lockhart, Caldwell county.
. Place No. 1, James H. Robertson (re-election), Austin, Travis county.
. Place No. 2, A. G. Schluter, Austin, Travis county.
. W. S. Brookshire, Granger, Williamson county.
. C. C. Pearson, Burnet, Burnet county.
. Horace Graham, Rockdale, Milam county.
. J. L. Goodman (re-election), Franklin, Robertson county.
. B. Boswell, Hearne, Robertson county.
. C. J. Bartlett (re-election), Marlin, Falls county.
. Place No. I, John Maxwell, Waco, McLennan county.
. Place No. 2, Sam E. Stratton (re-election), Waco, McLennan county.
). Place No. 1, A. M. Kennedy (re-election), Waco, McLennan county.
). Place No. 2, W. C. O'Bryan (re-election), McGregor, McLennan county.
). Place No. 1, Huling P. Robertson (re-election), Temple, Bell county.
). Place No. 2, C. B. McLain, Troy, Bell county.
. J. H. Morris, Oglesby, Coryell county.
. Place No. 1, Luther Nickels, Hillsboro, Hill county.
. Place No. 2, J. Dudley Stephenson (re-election), Hillsboro, Hill county.
. W. J. Stead, Alvarado, Johnson county.
. C. M. Cureton, Meridian, Bosque county.
. Tom Roberson (re-election), Stephenville, Erath county.
. R. S. Whitehead, Granbury, Hood county.
. Bonna Ridgway (re-election), Weatherford, Parker county.
. Place No. 1, Louis J. Wortham, Fort Worth, Tarrant county.
. Place No. 2, W. B. Fitzhugh, Arlington, Tarrant county.
). W. S. Ray (re-election), Denton, Denton county.
). J. P. Turner, Slidell, Wise county.
. G. O. Craven, Collinsville rural route, Cooke county.
. R. L. Cable (re-election), St. Jo, Montague county.
. J. I. Ballengee (re-election), Henrietta, Clay county.
. Bert Maddox, Graford, Palo Pinto county.
. Ed T. Cox, Eastland, Eastland county.
. E. C. Gaines (re-election), Comanche, Comanche county.
. A. J. Porter, Hamilton, Hamilton county.
. Rev. J. T. Hamilton, Windrelle, McCulloch county.
). Carl Goeth, Johnson City, Blanco county.
). William Giesen, Jr. (re-election), San Marcos, Hays county.
91. F. Werner (Republican, re-election), Cibolo, Guadalupe county.
92. Place No. 1, Thad T. Adams, San Antonio, Bexar county.
92. Place No. 2, Otto Wahrmund, San Antonio, Bexar county.
92. Place No. 3, Chester H. Terrell, San Antonio, Bexar county.
93. R. R. Smith, Pleasanton, Atascosa county.
94. W. R. Perkins, Alice, Nueces county.
95. Place No. 1, J. T. Canales (re-election), Brownsville, Cameron county.
95. Place No. 2, J. A. Brooks, Falfurrias, Starr county.
96. Charles Pierce (Republican), Laredo, Webb county.
97. John T. Briscoe (re-election), Devine, Medina county.
98. Sam O'Bryant, Bandera, Bandera county.
99. A. M. Turney, Alpine, Brewster county.
100. W. C. McGown, El Paso, El Paso county.
101. W. B. Crockett, Colorado, Mitchell county.
102. Brown F. Lee, San Angelo, Tom Green county.
103. T. J. Barrett, Anson, Jones county.
104. D. J. Brookerson, Benjamin, Knox county.
105. S. D. Hamilton, Childress, Childress county.
106. J. R. Bowman (re-election), Amarillo, Potter county.
107. C. H. Jenkins (re-election), Brownwood, Brown county.
108. F. F. Hill, Denton, Denton county.
109. W. W. Caves, Oakville, Live Oak county.

TEXAS CONGRESSMAN.

The congressional delegation from Texas will be as follows:
First District.—Morris Sheppard, Texarkana (fifth term).
Second District.—Martin Dies, Beaumont (succeeds S. B. Cooper).
Third District.—Gordon Russell, Tyler (fifth term).
Fourth District.—Choice B. Randell (fifth term).
Sixth District.—Rufus Hardy, Corsicana (second term).
Seventh District.—A. W. Gregg, Palestine (fourth term).
Eighth District.—John M. Moore, Richmond (second term).
Ninth District.—George F. Burgess, Gonzales (fifth term).
Tenth District.—A. S. Burleson, Austin (sixth term).
Eleventh District.—Robert L. Henry, Waco (seventh term).
Twelfth District.—Oscar W. Gillespie, Fort Worth (fourth term).
Thirteenth District.—John H. Stephens, Wilbarger (seventh term).
Fourteenth District.—James L. Slayden, San Antonio (seventh term).
Fifteenth District.—John N. Garner, Uvalde (fourth term).
Sixteenth District.—William R. Smith, Colorado (fourth term).

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hartford Life, Hartford, Conn.

Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Cooke.	Hale.	Martin.
Bandera.	Dallam.	Haskell.	Medina.
Bastrop.	De Witt.	Hemphill.	Midland.
Blanco.	Ector.	Hill.	Milam.
Bosque.	El Paso.	Hopkins.	Montgomery.
Briscoe.	Edwards.	Howard.	Morris.
Burnet.	Erath.	Hamilton.	Newton.
Caldwell.	Fannin.	Harrison.	Nolan.
Cass.	Fisher.	Hartley.	Ochiltree.
Camp.	Floyd.	Jasper.	Orange.
Childress.	Franklin.	Johnson.	Swisher.
Clay.	Gillespie.	Karnes.	Titus.
Colorado.	Gonzales.	Kaufman.	Travis.
Collin.	Grayson.	Kendall.	Upshur.
Comal.	Guadalupe.	Kerr.	Uvalde.
Potter.	San Augustine.	Lampasas.	Van Zandt.
Rockwall.	Sherman.	Leon.	Wilbarger.
Roberts.	Smith.	Lipscomb.	Williamson.
Robertson.	Stephens.	Lubbock.	Wood.—79.
Runnels.	Stonewall.	Madison.	

COMMUNICATIONS.

Texas State Journal of Medicine:

Enclosed find check for my renewal as per inclosed notice.

I receive a couple of dozen weekly and monthly medical journals, but can not get along without the TEXAS STATE JOURNAL. It is professionally clean and wholesome, its editorials appear to bear malice toward none and charity for all. Aside from a few pages of local matters it contains good reading articles for physicians everywhere, and one does not need to fear an insult in the way of a patent medicine advertisement when one peruses its contents. It is honest and honorable, and is ably edited.

Very truly yours,

C. E. FRAZIER, M. D.

Kansas City, Kan., October 30, 1908.

NEWS.

New Orleans Polyclinic.—The twenty-second annual session of the New Orleans Polyclinic opened on November 2nd with a larger class than ever before, and the indications are for a very successful term.

Dr. J. W. Largent Loses Home.—On November 23d the house of Dr. J. W. Largent, of McKinney, burned with most of the contents. The house was valued at $3500, and the loss is partially covered by insurance.

Dr. C. H. Mayo Coming to State Meeting.—Dr. C. H. Mayo, of Rochester, Minn., has definitely announced he will visit the medical profession of Texas at their next State meeting at Galveston in May. He will read a paper on "*Goitre.*"

The Fourteenth or North Texas District Medical Association will hold its next meeting in Dallas, December 8th, 9th and 10th. Elaborate programs are out. Tuesday evening there will be public addresses and Thursday evening lunch, smoker and vaudeville at the Commercial Club.

Yellow Fever at Vera Cruz.—The State Health Depart ent has been advised of another case of yellow fever in Vera uz. This means a total of 19 cases, 11 of which were fatal. his is the first case reported since August 23rd. This will bb- ably prolong the quarantine against Mexico.—*Houston C. n- icle.*

The Section on Pathology announces that its officers are very desirous of completing their program for the comin in- nual meeting at an early date, and solicits communica ns from any who may intend to participate. Titles shoul be received at once by Drs. J. M. Frazier, Belton, Chairman, nd K. H. Beall, Fort Worth, Secretary.

The Blind Institute at Austin will petition the next l is- lature for about $60,000 worth of improvements. The in- cipal thing needed is a hospital, which will cost $30,00 for the use of the institution. Dr. J. W. McLaughlin, Jr., p si- cian for the Blind Institute is now in the North investig ing the best equipped hospitals with a view of making addi ns to the plans.—*Houston Post.*

The Owl Doctor.—A medical man in New York City l s a new scheme. He practices at night only. He found so ny night cases coming at the top of his office hours, and its wore him out, so he determined to save his energy fo the night work, which paid him best, anyway. He says he ds patients prefer having a doctor who is fresh and wide-a ke instead of one who is tired out after a day's work.—*Il ois Medical Journal.*

Divine Healer Arrested at Fort Worth.—"King" Schlat , a divine healer, who claims to have been with Dowie wh he discovered his island of gold in the Pacific Ocean, and ow its sole owner, is in Fort Worth for the purpose of org iz- ing an army of God. He was recently arrested for practi g medicine without license, but on trial acquitted. The om- plaining witnesses were: Drs. J. D. Mitchell, R. O. Bra ell and Lillie Roberts, et al.

Dr. B. M. Worsham Resigns.—On November 11th, Dr. M. Worsham resigned as superintendent of the State Insane sy- lum at Austin, to enter private practice. His resign ion becomes effective January 1st, when he expects to g to Europe for post-graduate work before re-entering prac e. He has been connected with the State Insane Asylum for eighteen years, and aided in planning the Epileptic C ny at Abilene and the Pasteur Institute at Austin.—*Dallas ws.*

Dr. Brumby Wants an Assistant.—The State Health D- partment is in need of a capable assistant to take char o the smallpox situation in Texas, and has applied to th At- torney General for a construction of the law providin for an appropriation for miscellaneous expenses. The depart ent desires to take from this fund about $150 per mont for salary, and an additional amount for traveling expenses f a smallpox inspector. The question is under considerati by Assistant Attorney General James D. Walthall.—*Ho ton Post.*

The Tuberculosis Exhibit at San Angelo.—A great de of interest was manifested in the tuberculosis exhibit whi at San Angelo, some four thousand people visiting it ily. The exhibit is said to have aroused much interest. A oca anti-tuberculosis society was formed and plans consider to protect citizens from infection brought in by the many an- sient tuberculous. Among the visitors at the exhibit ere the delegates to the convention of the Federation of Wo n's Clubs, which was in session at San Angelo. After spe ing about ten days in this city the exhibit was taken to B wn- wood, and from there to Waco.

Honorary Daughter of the Association Married.—Ca ain Wilson Thompson Davidson, Medical Corps U. S. A., and Mis Mary Hudson, daughter of Dr. and Mrs. Taylor Hudso of Belton, were married November 23d, at Belton. Afte the reception they started on their wedding tour to poin in China and Japan. They will then go to Manila, P. I., her Captain Davidson is stationed as surgeon in the United S tes Army. This wedding is of peculiar interest to the mem ers of the State Association from the fact that in 1902, in D as, the office of "Honorary Daughter of the Association" was created and bestowed upon Miss Hudson because of th in terest she always manifested in the affairs of the State Med ical Association of Texas.

Guests at the Galveston Meeting.—Dr. George Dock, of the University of Michigan, formerly of the Medical Department of the University of Texas, has accepted the chair of medicine in Tulane University at New Orleans. Dr. Dock is well known to the Texas profession, with whom he is a great favorite, and, in the opinion of the "*Red Back*" he is the Osler of the future. He will attend our next State Association meeting at Galveston, May, 1909, and will be our guest.

The inimitable and only Lydston, the "Live Wire of Chicago," who writes such red-hot, snappy, sparkling and spontaneous epistles to the marines in the "*Red Back,*" articles that attract so much attention, has been invited to be the guest of the Texas State Medical Association at Galveson. He will deliver an address, Lydstonian in character.—*Texas Medical Journal.*

Dr. Duggan's Campaign.—Dr. Malone Duggan, of San Antonio, has been pushing the work of the Committee on the Instruction of Women on the Questions of Venereal Diseases and Sex. Two thousand reprints of the committee's report at Corpus Christi have been furnished him by the trustees, and he is distributing them to women's clubs throughout the State. A large number of women's clubs of San Antonio have voted to have this paper read and open for discussion. The consideration of the question is calculated to do much good. Dr. Duggan and the committee, consisting of Drs. J. M. Frazier and W. W. Long, are considering following up the work with lectures. Any one desiring to secure reprints of the paper may do so by applying to Dr. Malone Duggan, of San Antonio, Texas.

New and Non-Official Remedies.—The following articles have been accepted by the Council on Pharmacy and Chemistry:

Tabloid Ergotinine Citrate (Burroughs, Wellcome & Co.).

Tabloid Ergotinine Citrate and Strychnine Sulphate (Burroughs, Wellcome & Co.).

Tabloid Hypophosphites Compound (Burroughs, Wellcome & Co.).

Enule Soap Compound (Burroughs, Wellcome & Co.).

Gr. Eff. Caffeine and Potass.-Bromide Comp. (H. K. Mulford & Co.).

Gr. Eff. Carlsbad Salt (Artificial) (H. K. Mulford & Co.).

Gr. Eff. Sodium Sulphate (H. K. Mulford & Co.).

Eusemin (Leonard A. Seltzer).

From the former list, Syrup Hydriodic Aeid (R. W. Gardner) has been omitted.

Health Lessons in Street Car Transfers.—The United Traction Company, of Troy, New York, has printed a new supply of transfers, and has had printed on the baek such information as the Troy tubereulosis relief committee of the State Charities Association desires disseminated. The transfers just issued and distributed every day in the week now read:

"Consumption in early stages can be cured." Take your case in time to a good physician or go to the Relief Station, No. 2 Hill Street, and you may be cured. Do not wait.

Consumption is caught mainly through the spit of consumptives. Friends of consumption: dampness, dirt, darkness, drink. Enemies of consumption: sun, air, good food, cleanliness.

If you have tuberculosis don't give it to others by spitting; even if you have not, set a good example by refraining from the habit, always dirty, often dangerous.—(Troy Tuberculosis Relief Committee, State Charities Aid Association.)—*Journal A. M. A.*

The Tuberculosis Exhibit in Texas.—The tuberculosis exhibit from New York secured by Dr. Brumby has so far been exhibited in Dallas, Fort Worth, San Angelo, Brownwood and Waco. The exhibit was not well displayed in Dallas on account of room, but the exhibitions were given ample space and a better opportunity for systematic public instruction. In Fort Worth the exhibit was open for ten days. It was seen by 13,000 people. Every afternoon and evening stereopticon views were shown and lectures delivered by Mr. George Nelbach, in charge of the exhibit, and by members of the local medical society. The expenses of the exhibit are being borne by the community. The expense of the Fort Worth exhibit for ten days was $400, which is perhaps somewhat more than it may be shown for in some other cities.

Public Health Notices in the Daily Press.—All the papers in the State have eontained an unusual number of public health notices, and a number of the most important ones have been written by Dr. David R. Fly. The *Dallas News* during the month of November published a very carefully written communication from him on the "*Responsibility of National, State and Municipal Governments.*"

Tuberculosis Fund.—A novel and attractive method will be offered this year by which we can each in a little way help swell the fund for fighting tuberculosis. There will be offered for sale in every State in the Union a Christmas stamp, the proceeds of the sale of which will go to the anti-tuberculosis fund.

The idea originated with the Red Cross Society of Denmark and was introduced in America by the Red Cross Society of Delaware last year. The Delaware socicty was remarkably successful in the novel method of raising funds. The first issue of the stamps, which numbered 50,000, was exhausted within a few days after issuance, and other orders were made, the Delaware society disposing of an aggregate of 300,000 stamps in the two weeks just preceding Christmas.

The stamps can not be used for postage, but are intended to be used in connection with the regular government postage stamp, and serve the double purpose of bearing a message of good cheer and reminding the one to whom the letter is addressed that the sender is interested in the work of fighting tuberculosis, and delicately calls the attention of the recipient of the letter to the duty to contribute in either time or money in no matter how small amount, to the fight against the white plague.—*Fort Worth Record.*

Dallas Paperhangers to Aid Anti-Tuberculosis Fight.—To further the campaign against tuberculosis and infectious diseases, the union paperhangers of Dallas propose for enactment into law by the City Commission an ordinance providing penalty for householders who allow more than two layers of wall paper to be placed. The paperhangers assert that as many as eleven different paperings have been found in houses. They have the support of the members of the Board of Health. In St. Louis there is a municipal law, and in Nebraska a State law, which forbids more than two paperings placed on the wall. It provides that the old paper and canvas be removed before new is put on.—*Dallas News.*

An Example in State Board of Health Work.—The last Legislature appropriated for the use of the State Board of Health of Pennsylvania for the prevention of diseases one million dollars. The present appropriation for quarantine in Texas is about forty thousand dollars. The State Health Officer will ask of the new Legislature the organization of a real Board of Health, and request twenty thousand more for its maintenance for the first year.

Board of Medical Examiner's Notes.—There were 65 applicants for examination at the recent Dallas meeting of the State Medical Examining Board. Two withdrew after taking anatomy. Four or five who failed in the Forth Worth examination a year ago returned for re-examination. One of these was one of the two who withdrew, a negro. About one-third of the applicants were those who failed to verify prior to July 12th. No new suits have recently been filed against the Board. Action concerning the standing and entrance examinations of medical colleges was taken, but its exact nature has not yet been made public.

Since last report there have been received on reciproeity:

Prentiss, Elliott C., Columbian University. Intended residence, El Paso, Texas.

Venable, Chas. S., University of Virginia. Intended residence, San Antonio, Texas.

Freels, Arthur M., Washington University, St. Louis. Intended residence, Denison, Texas.

Gibson, Albert D., Wisconsin Post-Graduate School. Intended residenee, Port Lavaca, Texas.

Russell, Ben, College of Physicians and Surgeons, Baltimore. Intended residence, Canyon City, Texas.

Hartsook, Chas. R., Medical College of Virginia, Richmond. Intended residence, Tulia, Texas.

Baskett, Geo. Terrell, Medical Department, University of Michigan. Intended residence, Van Alstyne, Texas.

The Board is now in reciprocation with Virginia and Ohio under Rule No. 1, or basis of written examination under present laws. In the reciprocal contract with Virginia the right is reserved to refuse such of her licentiates as may have graduated in colleges this Board considers in questionable standing. Virginia eertificates issued since July 1, 1900, are accepted, and from Ohio since January 1, 1900.

Appeal for Anti-Tuberculosis Association.—On November 10th, Dr. L. B. Bibb, Secretary of the Texas Anti-Tuberculosis Association, issued the daily papers an open letter which was in part as follows:

The death rate from tuberculosis is greater than all other communicable diseases combined, *and it is increasing.* The actual cost to the people of the State of Texas, including the value of lives lost (5800 annually) the cost of the care of the sick, the cost of supporting orphan children whose parents have died of tuberculosis, etc., is not less than $46,000,000 per year. Think of what a saving of human life, and of money—not to mention the woe of broken hearts, the misery and suffering, could be secured if this disease was prevented. The importance of organized resistance is now recognized. Associations have been formed in all civilized countries and the people are joining in the struggle.

In line with this great movement the Texas Anti-Tuberculosis Association was perfected on September 26th last. We are affiliated with the American National Association, which is connected with the International Association with headquarters in Berlin. It is desired by the Texas Association that every existing agency of standing in each community co-operate with us in the movement and campaign of education. In addition to the organized agencies we appeal to every citizen of Texas who has the welfare of his fellowman at heart to give us practical support. In addition to printed information which we wish to circulate far and wide, we have brought and wish to install in the different cities a very elaborate "exhibit," which shows in graphic and simple way by charts, photographs, models and apparatus of all sorts, the great prevalence of the disease, the causes and conditions which bring it about, and the approved methods of prevention and treatment. It is hoped in this way to impress upon all classes the fact that the one hundred and fifty thousand deaths which occur every year in our country alone, are needless, and that with organized effort tuberculosis can be blotted out. The "Exhibit" at the Dallas Fair was viewed daily by throngs of interested people who will scatter to their homes with valuable information and will in turn dissiminate what they learned among their neighbors.

We will do a great work if you will help us. We can not succeed without *your financial help.* Formal resolutions of endorsement and sympathy will not avail to defray necessary expenses. "Be ye warmed and be ye filled" never appeased the pangs of cold or hunger. Considering the obligation resting upon us to overcome the dangers which confront us, will not you, men and women of Texas, contribute the indispensable necessity—the money—for carrying on this work? The press of the State has generously given valuable and costly space in furthering the cause. Reader will you not do your part, and do it now. If so, remit what you can, at least give us the one dollar membership fee, to Dr. L. B. Bibb, Secretary, Box S, Austin, Texas. Send in your check, our Treasurer is a banker and makes no charge for exchange.

Examinations for Marine Hospital Service.—A board of commissioned medical officers will be convened to meet at the Bureau of Public Health and Marine Hospital Service, 3 B Street S. E., Washington, D. C., Monday, January 11, 1909, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service.

Candidates must be between 22 and 30, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examinations: 1, physical; 2, oral; 3, written; 4, clinical.

In addition to the physical examination candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists in examination in the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and natural sciences.

The clinical examination is conducted at a hospital, and, when practicable, candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of past assistant surgeon.

Promotion to the grade of surgeon is made according to seniority and after due examinations as vacancies occur in that grade.

Assistant surgeons receive $1600, past assistant surgeons $2000, and surgeons $2500 a year. Officers are entitled to furnish quarters for themselves and their families, or, at stations where quarters can not be provided, they receive commutation at the rate of thirty, forty, and fifty dollars a month, according to grade.

All grades above that of assistant surgeon receive longevity pay, 10 per cent in addition to the regular salary for every five years' service up to 40 per cent after twenty years' service.

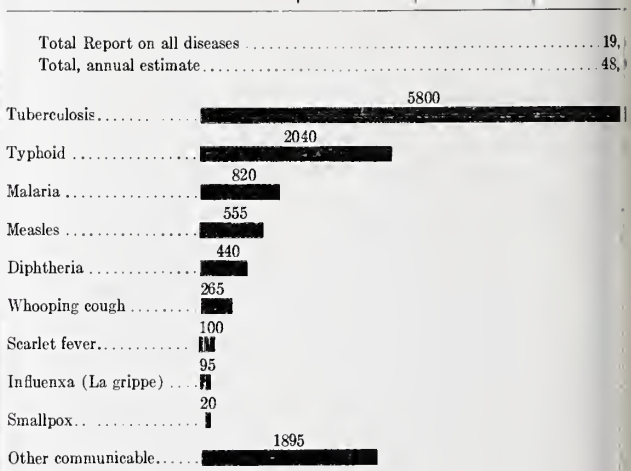
The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For further information, or for invitation to appear before the board of examiners, address "Surgeon General, Public Health and Marine Hospital Service, Washington, D. C."

Texas Vital Statistics.—The following report from the C tober *Bulletin of the Department of Public Health and Vit Statistics*, for the quarter ending September, shows the tot number of births to be for July, 4642; August, 4160; Se tember, 4057; total for quarter, 12,859; number of deatl July, 2051; August, 1527; September, 1381; total for quart 4959.

According to returns of last six months our death repo for one year will be approximately 19,366, which is (figuri on a basis of 4,000,000 population for Texas and 12 deat per 1000) about 40.34 per cent of the total number of deatl Approximately 25 per cent of all deaths reported were due preventable diseases; judging from these figures we have, th 12,000 deaths in Texas annually from preventable diseases almost 50 per cent of these are from tuberculosis, 5800 deat occurring annually from this disease, about 18 per cent fr typhoid or 2040 deaths annually due to typhoid, and so down, as the accompanying charts show.

	Deaths reported one year (approx.)	Estimated number deaths one year.	Estimated p cent of tot deaths.
Tuberculosis	2,320	5,800	12.08
Typhoid	816	2,040	4.25
Measles	222	555	1.15
Diphtheria	176	440	.90
Whooping cough	106	265	.55
Scarlet fever	40	100	.20
Smallpox	8	20	.04
La grippe	76	95	.19
Malaria	328	820	1.72
Others	758	1,895	3.74



Dr. Fly's Panhandle Campaign.—Dr. David R. Fly, Co cilor of the Third or Panhandle District, has just comple the itinerary of his district. As he has recently been a pointed Chairman of the Committee on Public Lectu and as Chairman of the Legislative Committee of the A Tuberculosis Society he has largely introduced in his me ings the education of the public on health matters. He visi Amarillo, Dalhart, Hereford, Clarendon, Childress, Quan Vernon, Wichita Falls, Henrietta, Bowie and Decatur. At points meetings were principally held in churches and mos at night. In Clarendon the courthouse was used. At th meetings ministers, lawyers, school teachers, students, a prominent citizens were invited. An address was made each point on Preventive Medicine by Dr. Fly, followed other addresses from the local medical profession and re sentative ministers, lawyers, editors, and laymen. The lo newspapers gave extended notices to the meetings, and in m of the towns hand bills were used to increase the interest the public. At Hereford, Quanah and Vernon the houses w packed, and there were everywhere good crowds out and gr interest manifested. Dr. Fly will aid any of the council or county officers who desire his assistance in holding simi meetings, provided his expenses are paid by the local p fession.

Delegates to the International Tuberculosis Congress.—The following additional names have been secured of Texas delegates who attended the International Tubercuiosis Congress: Drs. W. C. Farmer, San Antonio, and G. J. Starnes, San Antonio.

Examination Questions Submitted by the Texas State Board of Medical Examiners at the Meeting in Dallas, November 10th.

MEDICAL JURISPRUDENCE.

1. What is meant by last sickness, and what are its relations to the law? 2. How may human hairs be distinguished from fibres, or the hair of the other animals? 3. What are the most important questions arising in connection with gunshot wounds? 4. What is the cause of death following burns? 5. How is it possible to distinguish false from true pregnancy? 6. How to distinguish between injuries to the head, produced by accident during delivery, and those made with criminal intent? 7. What is meant by age of consent? 8. What is meant by the expectation of life? 9. Deseribe the Coroner System. 10. What is a wound, and what are the most important questions that arise in connection with wounds?

J. D. OSBORN, M. D., Cleburne.

CHEMISTRY.

1. Describe the chemical change in stareh during digestion. 2. Describe oxygen. 3. What are the symptoms of acute arsenic poisoning? 4. Give chemistry of respiration. 5. Describe the chemical formula of alcohol and ether. 6. To what salts do most cathartie mineral waters owe their virtue? 7. Give two chemieal tests for albumin in the urine. 8. Give two chemical tests for sugar in the urine. 9. Give the formula and properties of chloroform. 10. Define an alkaloid, and name several used in medicine.

T. J. CROWE, M. D., Dallas.

BACTERIOLOGY.

1. Name and give classification of fungi that are connected with diseases in man. 2. Name chief forms of bacteria. 3. Name the most important surgical micro-organisms, i. e., those most frequently met with in surgical work. 4. What bacteria are likely to be mistaken for tubercle bacillus, and how may this error be avoided? 5. Describe ptomaines, and name three sources of ptomaine poisoning. 6. Give detailed deseription of Widal's test in typhoid fever. 7. Name and describe a malarial parasite. 8. Define (a) phagocytosis, (b) chemotaxis, (c) opsonin. 9. State accurately the steps you would take to stain, mount and examine a specimen of sputum from an advanced ease of tuberculosis. 10. Define (a) aerobic, (b) anaerobic, (c) diplococci.

J. P. RICE, M. D., San Antonio.

OBSTETRICS.

1. Describe fertilization of the ovum. 2. Describe the placenta, and give its functions. 3. What is the normal duration of pregnaney, and method of calculating the duration? 4. Give some of the most reliable signs of pregnancy. 5. Differentiate between a first and a subsequent pregnancy, especially as regards changes in the uterus. 6. Give causes of vomiting of pregnancy. 7. What conditions in pregnancy are dangerous to life of mother and child? 8. Define placenta previa; classify, and give treatment. 9. What is the significance of albuminuria in pregnancy-prognosis, and treatment? Describe breech presentation and give diagnosis and treatment. 10. Name some conditions which might complicate pregnancy or be mistaken for it.

J. D. MITCHELL, M. D., Fort Worth.

PHYSIOLOGY.

1. Name the glands secreting the saliva. 2. Give specific gravity, chemical reaction and physiologieal reaction of saliva. 3. Give name, origin, distribution and function of the fifth cranial nerve. 4. Where are the following cerebral nerve eenters: (a) salivary, (b) visual, (c) respiratory, (d) mastication and (e) micturition? 5. Given an exposed artery and vein in the living subject, how would you distinguish them without reference to anatomical landmarks? 6. What portion of the spinal cord is affected (involved) in locomotor ataxia. 7. Describe the physiologic functions of the kidneys. 8. Name the four divisions of the circulatory system, and describe the circulation of the blood. 9. Describe the portal circulation; name vessels carrying the blood to and from the liver. Into what does the latter empty? 10. Define (a) hyperopia, (b) heterophonia, (c) euthanasia, (d) myopia, (e) necremia, (f) hydremia, (g) diopter, (h) aphasia, (i) astigmatism, (j) chyluria.

M. E. DANIEL, M. D., Honey Grove.

GYNECOLOGY.

1. Give blood supply, nerve supply and lymphatics of the womb and ovaries. 2. Define kraurosis vulvæ. 3. Give cause of inversion of the uterus, its diagnosis and treatment. 4. What are symptoms and cause of pudendal hematocele? 5. What is a caruncle of the urethra? Give treatment. 6. Give differential diagnosis of tuberculous and gonorrheal cystitis. 7. What are the causes of pelvic peritonitis? 8. Give differential diagnosis of acute salpingitis, oophoritis and appendicitis. 9. What is the pathology of (a) hydrosalpinx, (b) hematosalpinx? Give diagnosis. 10. What is aeute parametritis? Give its etiology and pathology.

R. O. BRASWELL, M. D., Fort Worth.

ANATOMY.

1. Describe the tibia, and name the muscles attached. 2. Describe the collateral circulation around the knee. 3. Describe the kidney. 4. Name the muscles of the femoral region. 5. Give the subdivisions of the large intestines, naming the source of the blood supply to each part. 6. Give the origin, course and distribution of the ulnar nerve. 7. Give the origin, course and distribution of the radial artery. 8. Give the origin, course and distribution of the dorsalis pedis artery. 9. Describe Hunter's canal, naming the structures found therein and giving their relation to eaeh other. 10. What structures would you cut through in an amputation at the middle of the humerus?

W. B. COLLINS, M. D., Lovelady.

HISTOLOGY.

1. Give the divisions of the urethra and the histology of the prostatic portion. 2. What is the pelvis of the kidney? 3. Describe non-striated muscular tissue and name its principal location in the body. 4. Give the histology of the arteries, veins and capillaries. 5. Name the tunics of the eyeball and give its refractive media. 6. Describe a lobule of the lung. 7. For description the olfactory organ is divided into three regions; name them and give histology of the Schneiderian membrane. 8. Name the three divisions of the ear, and the bones of the middle ear. 9. Describe the museulature of the uterus. 10. Describe the mucosa of the stomach.

J. J. DIAL, M. D., Sulphur Springs.

PATHOLOGY.

1. What are the pathological changes that take place in the blood in malarial fever? 2. Lobar pneumonia, name its different stages and describe each. 3. Describe the characteristic lesions of typhoid fever. 4. Pathology of empyema. 5. Pathology of erysipelas. 6. Pathology of acute gastro-enteritis. 7. Pathology of diphtheria. 8. Describe union by first intention; describe union by second intention 9. Hernia—Name three varieties of external hernia and give usual contents of the sac in oblique inguinal. 10. What is the pathology of rheumatism.

J. J. DIAL, M. D., Sulphur Springs.

SURGERY.

1. What is an aneurism? 2. What is a fracture? 3. What is a contused, a lacerated wound? 4. Describe Colles' fracture, and give treatment. 5. What is your treatment in Potts' fracture? 6. Deseribe an amputation in the lower third of the thigh. 7. How would you treat a case of wry neck? 8. What is fistula-in-ano, and what is its treatment?. 9. Describe the technique of appendectomy. 10. Give symptoms and operative technique for gall stones.

E. P. BECTON, M. D., Greenville.

PHYSICAL DIAGNOSIS.

1. Give diagnostic significance of edema from its topographical occurrence. 2. State the clinical significance of arrhythmia (irregular pulse), and its principal varieties. 3. Describe the symptoms of aneurism of the ascending aorta. 4. Differentiate between aeute pericarditis, acute endocarditis and acute myocarditis. 5. Differentiate between acute pneumonia and exudative pleuritis. 6. Differentiate between hypertrophy and dilitation of the heart. 7. Differentiate between acute miliary tuberculosis and enteric fever. 8. State symptoms of gastroptosis. 9. Discuss acute yellow atrophy of the liver. 10. Differentiate eareinoma of the stomach and chronie panereatitis.

G. B. FOSCUE, M. D., Waco.

HYGIENE.

1. Mention and describe the diseases of animals that are communicable to man and state the means that should be employed for the prevention of these diseases in man. 2. What are the alimentary principles of food, their functions, the object of cooking food? 3. What is the object of clothing and its virtue in different seasons with reference to material, color, texture and hygroscopic quality? 4. Give the best methods of disinfecting a room and contents after exposure to the eontagion of smallpox. 5. When are diseases said to be epidemic, pandemic and endemic? 6. Classify the following diseases, whether contagious or infectious: typhoid fever, typhus fever, cholera, scarlet fever, smallpox, yellow fever. Give method of stamping them out. 7. What is the difference between fermentation, oxidation and putrefication? 8. What deleterious gases accumulate in an imperfeetly ventilated schoolroom? State amount of fresh air required per minute for each ehild. Also state the evil effects from inhaling air rendered impure by respiration. 9. Define ptomaine. Give sources of origin, describe their agency in inducing diseases and give the symptoms produced by them. 10. How would you guard against the bowel disturbances of infants during their first and second summers?

J. F. BAILEY, D. O., Waco.

DISTRICT SOCIETIES.

FIRST AND SECOND OR EL PASO-BIG SPRINGS DISTRICT.

The El Paso-Big Springs District Medical Society held its regular semi-annual meeting at Colorado, November 17th. This was a very interesting session, although the attendance was small. The following program was rendered: *Invocation*, Rev. W. M. Elliott, Colorado; *Welcome in Behalf of Physicians of Colorado*, Dr. Theo. C. Merrill, Colorado; *Response for Association*, Dr. Jno. Preston, Abilene; "*Puerperal Septicemia*," Dr. H. C. Scott, Sweetwater; "*Treatment of Contused and Lacerated Wounds*," Dr. T. J. Ratliff, Colorado; President's Annual Address—"*Cholera Infantum*," Dr. J. D. Davis, Roby. A very pleasant program was also given in the evening, music being a special feature. Dr. N. J. Phenix presented a paper entitled "*Tuberculosis a Contagious and Preventable Disease*;" the subject of "*The Organization of the Colorado Sanitary Association*" was discussed by all those present. A report of delegates to the International Congress on Tuberculosis was made by Dr. N. J. Phenix.

The following officers were elected for the ensuing year: Dr. John Preston, Abilene, President; Dr. W. W. Lynch, Midland, Vice-President; Dr. N. J. Phenix, Colorado, Secretary-Treasurer. The next meeting will be held at Abilene, May 18, 1909.

FIFTH OR SAN ANTONIO DISTRICT.

The Fifth District Medical Society met in San Antonio November 20th, and was one of the most successful meetings ever held by that society. Not alone because it was attended by physicians prominent in the South, but the discussions of important medical questions and problems that received attention would render it so.

The following program was rendered: "*Some Observations on the Treatment of Diphtheria,*" Dr. S. T. Lowery, San Antonio; "*Adenectomy and Post-Operative Hemorrhage,*" Dr. S. S. Beakley, Seguin; "*Causes of Death After Surgical Operations,*" Dr. Frank Paschal, San Antonio; "*Umbilical Hernia,*" Dr. A. C. Scott, Temple; "*Dysentery,*" Dr. George Dock, New Orleans, La.; "*An Unusual Case of Anemia with Presentation of Patient,*" Dr. Marvin L. Graves, Galveston; "*Some Kinds of Eczema,*" Dr. Isadore Dyer, New Orleans, La.

The election of officers resulted as follows: President, Dr. G. H. Moody, San Antonio; Secretary, Dr. E. V. DePew, San Antonio (re-elected); Treasurer, Dr. J. W. Woolsey, San Antonio.

The society enjoyed a banquet in the evening. The following visitors were present: Drs. George Dock and Isadore Dyer, New Orleans; M. L. Graves, Galveston; I. C. Chase, Fort Worth; A. C. Scott, Temple; J. M. Elliott, Abilene; W. F. McMullen, Rockport; G. S. Jackson, Brownwood; F. O. Norris, Eagle Lake; E. L. Clennott, Jacksonville; C. L. McClellan, Rockport; E. Krueger, Kyle; R. Atkinson, San Marcos; J. H. White, Kyle; H. C. Eckhardt, Nordheim; G. Schulze, Shiner.

District Personal.—Dr. N. P. Stark and Miss R. L. Moore, both of San Antonio, were married November 2nd.

TWELFTH OR CENTRAL DISTRICT.

District Personal.—Dr. J. Walter Torbett, of Marlin, has in the course of construction a three-story brick sanitarium, costing $15,000.

THIRTEENTH OR NORTHWESTERN DISTRICT.

The Palo Pinto County Medical Society met November 17th in Mineral Wells. This was one of the most successful meetings ever held by this organization. A large number of doctors from neighboring towns were present. The program consisted of the following: "*Chronic Gastritis,*" Dr. J. M. Luttrell, Mineral Wells; "*Medicinal Treatment of Ex-opthalmic Goitre,*" Dr. B. R. Beeler, Mineral Wells; "*Probable Causes of Appendicitis,*" Dr. A. Irby, Weatherford. The discussions were freely indulged in by all. Dr. Beeler then opened the subject of merging the county medical societies of Parker and Palo Pinto. This was thoroughly discussed, and finally Dr. Beeler's motion to invite the Parker County Medical Society to join the Palo Pinto County Medical Society was unanimously carried. The meeting adjourned to the Colonial Hotel, where an elegant spread was enjoyed.

FOURTEENTH OR NORTHERN DISTRICT.

The Cooke County Medical Society met November 10th, with nine members present. Dr. C. L. Maxwell, Myra, read a paper on "*Tetanus,*" and reported a case; Dr. F. D. Garrett, Gainesville, read a paper on "*The Washington Meeting of the Congress on Tuberculosis.*"

The Dallas County Medical Society met at Dallas, November 7th, with 75 members in attendance. A "Dollar Dinner" was served, after which followed papers and discussions on "*Business Methods for the Doctor,*" touching on fees and methods of collecting.

The Denton County Medical Society met November 2d, with thirteen members present. Program: "*Diphtheria,*" Dr. Joe H. Allen, Justin; report of a case of "*Foreign Body in the Trachea, Operation and Removal; Recovery of Patient,*" Dr. F. U. Painter, Pilot Point; report of a case of "*Foreign Body in Bronchial Tubes Followed by Pneumonia, Dislodged and Expelled by Coughing; Complete Recovery,*" Dr. M. C. McBride, Denton. Dr. W. C. Kimbrough, Denton, had a clinic showing the use of triangular splint, as taught by Dr. Bodine, in the fracture of the femur of a child 4 years of age.

The Ellis County Medical Society met at Waxahachie, November 10th, with eleven members present. The meeting, which was devoted to clinics, proved very interesting and profitable. A resolution of condolence was passed on the death of Dr. H. O. Stacy.

The Fannin County Medical Society met at Bonham, November 12th, with sixteen members in attendance. This meeting was devoted to clinical cases and discussion which proved very interesting and profitable. A resolution was passed adopting a $5.00 fee for old line insurance companies and $3.00 for fraternal.

The Tarrant County Medical Society met in regular session October 5th. Dr. K. H. Beall read a paper entitled, "*Spinal Puncture,*" which was discussed generally by the members. Dr. Beall called attention to the diagnostic value of his procedure in such diseases as tetanus, nephritis and tuberculous meningitis. He also called attention to the use of Dr. Flexner's serum in the treatment of cerebro-spinal meningitis. A committee was appointed to try to secure a supply of this serum. Discussion of local advertising was indulged in.

The meeting held November 2nd was a public one, at which 300 leading citizens were present to see the stereopticon views and listen to the lecture by Mr. Nelbach, in charge of the tuberculosis exhibit. Plans were forwarded to secure a large attendance of the public on the exhibit opening in the city on the day following. A committee was selected by the President to appoint lecturers from the local profession for each afternoon and night of the meeting.

The Lamar County Medical Society met at Paris, November 5th, with fifteen members present. Dr. J. E. Armstrong, Biardstown, presented a paper entitled, "*Diagnosis of Pneumonia.*"

The Van Zandt County Medical Society met in Grand Saline, November 6th, with only a few members present. The program consisted of two papers: "*Gastric Ulcer, Diagnosis and Treatment,*" Dr. James R. Maxfield, Grand Saline, and "*Digitalis; Its Preparation and Use,*" Dr. D. Leon Sanders, Wills Point. These were thoroughly discussed by all present. The society heartily endorsed the suggestion of Dr. McCormack "as to a National Department of Health." The next regular meeting will be held in Wills Point.

District Personals.—Dr. George E. Adams and Miss Martha Jennings, both of Fort Worth, were married November 18th.

Dr. Ben Kinsell, the efficient secretary of the Dallas County Medical Society, has quit the field of general medicine and limited his practice to skin, genito-urinary and rectal diseases.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Northeast Texas District Medical Society met in Texarkana, November 10th, with a large percentage of members present. The program was good, and was well discussed. Dr. E. L. Beck, Texarkana, delivered the address of welcome. President T. S. Ragland, Gilmer, delivered his annual address which was followed by the program proper: "*How to Prepare Specimens for Laboratory Examination,*" Dr. Nettie Klein, Texarkana; "*Recent Advances in Surgery on Nose and Throat,*" Dr. R. H. T. Mann, Texarkana; "*Influences on Child in Utero from Toxins in the Mother's Blood,*" Dr. Preston Hunt, Texarkana; "*The General Practitioner,*" Dr. Holman Taylor, Marshall; "*Hydrotherapy,*" Dr. E. H. Martin, Hot Springs, Ark. "*Ruptured Aneurism of the Sub-Clavian Artery, Presentation of Case,*" Dr. Sam C. Ball, New Boston; "*Milk Inspection and Its Importance,*" Dr. L. J. Kosminsky, Texarkana; "*Appendicitis, When to Operate and Why,*" Dr. W. C. Crutcher, Mt. Vernon. The program was followed by a public lecture in the evening by Dr. D. S. Booth, St. Louis, which was well attended and very interesting. The subject was "*The Elixir of Life,*" and gave wide range for a serio-comic talk along the lines so needed by the public at large. The society unanimously voted its thanks to Dr. Booth for his lecture.

A resolution commending the plan of raising funds for the protection of medical and health laws of the State before the courts, recently advanced by the JOURNAL, was unanimously adopted and component societies urged to push the matter of securing subscribers to the fund.

The following officers were elected for the ensuing year: President, T. F. Kittrell, Texarkana; Vice-Presidents, Dr. W. J. Matthews, Mt. Pleasant; Dr. Sam C. Ball, New Boston; Secretary-Treasurer, Dr. R. H. T. Mann, Texarkana (re-elected); Censors, Drs. T. S. Ragland, Gilmer, and W. C. Crutcher, Mt. Vernon.

Mt. Pleasant was selected for the next place of meeting.

The physicians of Texarkana entertained the society jointly

the Tri-State Association on the evening of the 11th with ry enjoyable smoker.

strict Personal.—Dr. Nettie Klein, of Texarkana, has re-ed from an extended Eastern trip.

COUNTY SOCIETIES.

e December Annual Meeting.—The December meeting is nnual meeting in county societies. New officers are to ected for 1908 and 1909, consisting of a President, Vice-ident, Secretary, Treasurer, one Censor, and in a few ties a Delegate and an Alternate Delegate. Delegates office for two years, and the majority of Delegates were y elected last December.

ities of New County Officers.—The success of the society he new year is largely in the hands of the officers; 1909 be a legislative year. One of the President's first duties ld be the appointment of a strong committee on Public th and Legislation for the county, to co-operate with State Committee on Public Policy and Legislation. The blishment of a Board of Health and a State Tuberculosis tarium are very important measures to come before the y-first Legislature. The secretaries of the larger societies do well to consider the issue of a monthly county society ication. It is being tried in Tarrant county, in this , and at very many other points, with little expense great satisfaction.

unty society dues are payable January 1st: County sec-ies, by the Constitution, have from that date until thirty before the annual State meeting to complete collections. een January 1 and April 10, 1909, a new list of members ach county society, with $2.00 for every name on the must be sent the State Secretary. The State Association not place any name on the roll until the $2.00 has been ved. County secretaries are urged to send in a partial t with cash at their early convenience. In this way the ty society rolls may gradually assume form.

ports of new secretaries should be received as soon as icable after the county annual meeting. The State office ld be promptly informed of the names and addresses of county officers and committees in order that report blanks supplies for the new year may be sent out. On January 909, blanks for the annual reports of county secretaries be mailed.

bscriptions to the JOURNAL begin with the May number. members joining in January are paying for the State May 1, 1909, to April 30, 1910. During this time they receive the JOURNAL.

larger society membership should everywhere be obtained he next year. The re-registration of practitioners has for irst time given us a complete list of legalized doctors in State. The law has also made it very easy for secretaries to the district clerk's office and obtain a list. This gives nplete county enumeration upon which to work for new bers. The securing of new licenses has awakened many rs to the advantages of more closely affiliating with the of the profession. County societies should show gen-the greatest growth of any year since the reorganiza-On January 1st there will be mailed to county secre-s from the State Secretary's office a list of all practi-rs in each county, as far as the State office can obtain . This will form a basis for work and correction.

cretarics' Canvass Helped by JOURNAL.—To assist county taries in their work of enlarging the county rolls, sam-opies of the STATE JOURNAL will be sent to some 4000 registered doctors not now affiliated with the State As-tion during the next few months.

CHANGES OF ADDRESS FROM OCTOBER 20 TO NOVEMBER 20.

B. Wolford, from Tulia to Dallas.
A. Long, from Texarkana to Ennis.
A. Watters, from Fort Worth to Galveston.
Y. Wilbern, from Runge to Alice.
A. Harris, from Stratford to Winnsboro.
A. Matthews, from Kilgore to Henderson.
I. Harrell, from Willis to Lockhart.
S. Selman, from Silsbee to Browndel.
. Dice, from Miami to Burkburnett.
J. Childress, from Gilmer to 1551 Canal St., New Orleans, La.
. Beall, from Saginaw to R. F. D. No. 6, Fort Worth.
P. Hurley, from Rotan to Guadalajara, Mexico.
S. Honeycutt, from Womack to Rotan.
R. H. Jordan, from Lemonville to Memphis.
C. F. Henderson, from Lafayette to Pittsburg.
H. Thornton, from Pittsburg to Barnes Medical College, St. Louis.
I. L. McGlasson, from Axtell to Waco.
H. T. Clark, from Fanchon to Tulia.
N. A. Elder, from Ander to Nixon.
R. P. Ray, from Argyle to Copeville.
J. H. Petty, from Franklin to Taylor.
A. H. Williams, from Honey Grove to Tehuacana.
S. L. Mayo, from Cedar Creek to Pendleton.
J. E. Montgomery, from Station A, Dallas, to Hamlin.
Geo. L. Jackson, from McMahan to Miami.

NEW MEMBERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS FROM OCTOBER 20 TO NOVEMBER 20.

Bowie County—Helm, H. M., Texarkana.
Jefferson County—McAden, S. E., China.
Lamar County—Clark, J. F., Paris; Kelsey, J. B., Blossom; Skidmore, J. D., Biardstown.
McLennan County—Martin, J. E., Bruceville; Smythe, T. F., Mart.
Runnels County—Cheatham, A. B., Millersview; Dyer, U. E. G., Ballinger.

NEW TEXAS MEMBERS OF THE A. M. A. FOR OCTOBER.

Caylor, H. C., Canadian.
Lusk, H. N., Toyah.
Maloy, E. D., Temple.
McDaniel, A. C., San Antonio.
Thomas, E. E., Frosa.

DEATHS.

Dr. H. E. Yarbrough, Markham, Texas, was shot and killed on October 9th by his druggist, S. S. Byars, while talking over the telephone to his wife; age 34. No cause was known for the shooting. Dr. Yarbrough graduated from the Baltimore Medical College in 1900 and practiced medicine in different parts of this State, finally locating at Markham, where he was engaged in active practice at the time of his tragic death. He was for several years a member of his State and county medical societies, and was well known and highly respected by his profession. He leaves a wife and one child.

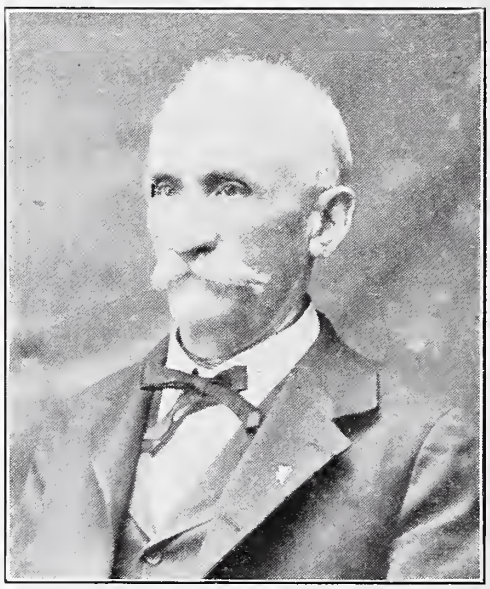
Dr. H. O. Stacy, of Waxahachie, was born in Indiana in 1858 and brought when an infant by his parents to Collin county, Texas, where he grew to manhood. He received a good common school education, graduated from the Medical Department of the University of Louisville in 1889. He began his practice at Trenton, Texas, and after two years removed to Quanah, where he remained about the same length of time. He then went to Waxahachie in the year 1895. He formed a partnership with Dr. D. G. Thompson in January, 1897, and acquired a large practice. His prominent characteristics were his untiring energy, doing a large practice after the fatal disease had reduced him to the point when most men would have been in bed. His kind, charitable and lovable disposition won for him a host of friends and the distinction of being the most beloved man in his community. He died October 24, 1908, of Bright's disease, after an illness of about three years, and leaves one daughter and many friends to mourn his death.

Dr. Sam L. Holcomb, Cherokee, Texas, died of apoplexy at the home of his brother, A. H. Holcomb, Cherokee, Texas, October 17, 1908, aged 73. Dr. Holcomb obtained his literary education from Rice's Seminary, Warren county, Kentucky, moved with his parents to Missouri, in 1857, graduated from a leading medical school of St. Louis, and practiced medicine for a number of years in Pike county, Missouri. Being a great sufferer from rheumatism, he retired from practice a number of years ago and had since made his home with his brother.

Dr. I. K. Frazer, Rusk, Texas, was born in San Augustine, Texas, June 19, 1837, and died at his home November 12, 1908. At the beginning of the Civil War Dr. Frazer joined the Confederate army as a member of Hood's Brigade; he served part of the time in the hospital corps, where he acquired a liking for the medical profession, which made him in after years a faithful, beloved and successful physician. In December, 1869, he married Miss Mary Alice Woolfolk, to whom he was much devoted until her death, which occurred October 12, 1889. Dr. Frazer was an active member of his county and State medical societies, and had for many years been a most faithful member of the Methodist Episcopal Church, South. He leaves two brothers, four children, and a host of friends to mourn his death.

Dr. Samuel Warren Boynton, San Antonio, Texas, was born in Ohio, April 19, 1836, and died in San Antonio October 31, 1908. Dr. Boynton first studied medicine in the Eclectic Medical Institute at Cincinnati, graduating in 1859 as valedictorian of his class. He was an honor graduate of the University of Louisville in 1866, and held a surgeon's commission signed by President Lincoln.

Dr. R. L. McClung, Tulane University, 1870, died suddenly at his home, Atlanta, Texas, October 13, 1908. Dr. McClung was born at Marietta, Ga., September 2, 1840, moving with his family to Bright Star, Ark., in 1859. He attended the common schools during his early youth, and enlisted in Company K, Sixteenth Arkansas Regiment, of the Confederacy at the beginning of the war. He was promoted to captain of his company at the siege of Fort Donaldson, and was made a prisoner of war upon the surrender of that stronghold. He also took part in the defense of Port Hudson, his company firing the last volley before its surrender. After the war Dr. McClung returned to his home and took a prominent part in the solution of reconstruction problems. He was married in 1865 to Miss Mattie Baker, of his own neighborhood, to whom he was engaged at the beginning of the war,



and moved a short while afterwards to Texas, where he taught school and studied medicine. After his graduation in 1870, he returned to his Texas home and settled down to general practice, at which he was actively engaged at the time of his death. He was a member of the Masonic lodge, Stonewall Camp, Confederate Veterans, and the Methodist Episcopal Church, South. He was a member of all regular bodies of the State Medical Association, and the secretary of his county society from its organization, and the life of his society, the youngest secretary in the State—68. As an untiring worker in the cause in the day it needed help, organized medicine owes a debt of gratitude to Dr. McClung. An ethical, high-minded physician, whose life was devoted to the alleviation of pain, his community owes him much, and paid him in love. He accumulated no fortune, endowed no college or library, but the world is better for his having lived, and his own community sincerely joins his widow in mourning his loss.

Dr. J. P. Carlisle, Cold Springs, Texas, was born in South Carolina, March 6, 1836, and died at Cold Springs, Texas, October 25, 1908. Dr. Carlisle was an old resident of San Jacinto, having resided there for almost half a century. In his young manhood he joined the Confederate army and was a member of Captain J. A. McCardell's company in H. M. Elmore's regiment, and as a soldier bore the many hardships incident to the terrible conflict. He received his medical education at the Tulane University of New Orleans, where he graduated March 15, 1871. In this profession he was actively engaged until his death, and in common with all other good physicians did a great and noble work for suffering humanity during the long years of his practice, and was ever ready to lend a helping hand to the sick and distressed. He was one of the "old landmarks" in the Baptist Church in Texas, and was known throughout the State as a Christian gentleman.

Dr. W. A. McCamley was born in Matagorda, January 20, 1849, and died November 2, 1908, a Antonio, where he was being treated for nervous t Dr. McCamley was reared at Matagorda, and at t of 18 entered the Medical College at Galveston, and with the faculty during the yellow fever epidemic, himself immune. He then entered Tulane Univ from which he graduated after two years' study. He the practice of medicine in Old Indianola, where he re for four or five years, during which time he took a pos uate course in St. Louis. Returning to Matagorda he ticed there for several years and was then appointed antine officer at Pass Cavalla, which position he held 1876 to 1879, and again for two years in the eighti 1882 he settled in Wharton, where he has since pra

He was a member of his county, district and State societies and was much appreciated by his co-workers keen interest in these organizations. At the last mee the State Medical Association held at Corpus Christ 14, 1908, he was elected councilor of the Eighth D which position he has filled with much credit. He Miss Sophie Presig, of Indianola. He leaves two c Mrs. S. S. Moore and Mr. W. L. McCamley, and circle of relatives and friends to mourn his death. a life long Mason and was buried with Masonic ho Bay City, November 3rd. His character was quiet a assuming and he enjoyed the high esteem of all wh him.

BOOK REVIEWS.

BOOKS RECEIVED.

Principles of Surgery, *McGuire* (Southern Medica lishing Co.).

International Clinics, Vol. III, Eighteenth Series pincott).

Genito-Urinary Diseases, Vols. I and II, *Watson ningham* (Lea & Febiger).

Suggestive Therapeutics, Applied Hypnotism, Psych ence, *Munro* (C. V. Mosby Medical Book Co.).

Arterio-Sclerosis, *Warfield* (C. V. Mosby Medical Co.).

Gonorrhea in Women, *Findley* (C. V. Mosby Medica Co.).

Medical Inspection of Schools, *Gulick & Ayres* (C Publication Committee).

Obstetrical Technique, *Cooke* (Lippincott).

Applied Surgical Anatomy, *Woolsey* (Lea & Febiger

The Newer Remedies, a Reference Manual for Phy Pharmacists and Students, *Coblentz* (Apothecary Pu Co.).

Texas State Journal of Medicine

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A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

A NEW YEAR'S INVOCATION.

May every doctor in Texas have a happy New Year! In it may we pay our poll tax and attend to our political duties; may we take a lively interest in public affairs, as becomes our understanding of public health needs; may we attend to our accounts and finances for our own benefit and the improvement of the profession; may we avoid speculation and seek safe and solid investments; may we be considerate of our professional brethren that unity and harmony may prevail; may we cultivate scholarly habits and subscribe to necessary scientific periodicals; may we leave our burdens at the threshold to promote domestic rest and tranquility; may we take systematic exercise and recreation to insure healthy mental poise and physical vigor—in a word, with Emerson, in 1909 may we be in every respect "sound and solvent." Amen.

A Division of Fees.—It is almost universally conceded that the division of fees is both unjust and unethical. Such division is doubtless practiced quietly by some of the medical profession, which in no way justifies the act. It is rare to find a physician who publicly announces to follow and attempts to justify himself in such a practice. The detriment resulting from individual acts is comparatively insignificant. The failure of the general profession to maintain honorable and just principles is a very grave matter. Recently we have been surprised to note a public proposition of this kind, and concerning it have received many letters of protest. We take pleasure in printing in this issue a paper entitled "The Division of Fees," which is worthy of being read by the entire profession. To one of these recent letters, offering a division of the operative fee, we quote in part the reply of Dr. M. M. Morrison, of Denison, Texas, as an example of the professional resentment shown to such practices:

I am willing to concede that the practice is too common among physicians and surgeons, but must dissent from your statement that "most physicians do not agree that it is unprofessional." The fact is, that while it is tolerated and practiced, I have never been able to find but one man in the profession who contended that it was right. On the other hand, even those who indulge in such practice will agree that it is, at least, questionable in ethical nature. The only excuse they advance is that it is common, and that they consider it necessary to meet the competition engendered by such practice, by conforming to it. The man to whom I refer as an exception was a physician who had, with a local drug store, a percentage contract on prescription work. I beg your pardon for submitting to you a brief resume of the arguments which I advanced against the propriety of such conduct, and will point to the similarity of the conditions.

It seems to me to be a patent fact, that when one man receives money for which he renders no equivalent, that some other man must have paid out such an amount without consideration. Again, it is almost as patent that when three men are concerned in a business transaction, each one is entitled to all the information possessed by the other two, and that the suppression of such information is an evidence that the third party is being wronged.

When a patient enters your office and accepts your service, it is your privilege to charge him for such service, and your duty to collect for same. When he departs with his prescription, the transaction is closed, and it then becomes his duty to secure his medicine on the best possible terms consistent with reliability. If he goes to a druggist and pays him for such medicine such an amount as will reimburse the druggist for his medicine and service, and enable him to divide with you, your patron has paid three bills for two services and is therefore compelled to submit to a wrong, all information of which, I believe, you and the druggist would try to conceal. From these conclusions there is, as I see it, no escape.

The division of the surgical fee can only be supported by the same reasons and opposed by a stronger one in addition to the ones here adduced, and that is the tendency to commercialism which it fosters. It seems to me to be a foregone conclusion that the physicians and surgeons are working for remuneration, and that the limit of their charges is controlled by the demand for their services. If I am right in this, it follows that any rebate made to the third party is for the sole purpose and with the expectation of receiving therefor additional patronage. Such a course subjects the physician to the temptation to refer patients to the surgeon who allows him the largest amount, not for his work, but for his influence, irrespective of the ability of the surgeon, or of the class of work that he performs. The surgeon, too, is tempted to rely upon this species of bribery rather than upon his merit. In other words, the giver and the taker of such bonus are commercializing their calling, and vicious results are inevitable to both. The physician is reduced to the stand-

ing of a mere busybody, serving without fee and depending upon the bounty of the surgeon who, in turn, supports himself and his friends, in common parlance, his boosters and strikers, by an illy disguised species of robbery, for, it having been shown that he is not purveying charity, it is evident that he must overcharge the victim in order to recoup himself.

The Skin Test for Tuberculosis.—The campaign against tuberculosis is everywhere arousing physicians to the necessity of early diagnosis. Early confirmation by a serum test is possible in the vast majority of cases long before certainty could be felt from clinical signs. The use of Koch's old tuberculin by hypodermatic injection has never been popular with the profession. Until very recently it has been considered dangerous by many physicians. A modification of this test by the application of a small amount of tuberculin to the conjunctiva has recently been introduced, and has proved to be about as accurate as the hypodermatic method, but is sometimes followed by dangerous inflammatory reaction. The determination of the opsonic index seems of questionable value, and the difficult technique necessarily excludes it from among practical clinical aids. The newer von Pirquet tuberculin test, better known as the tuberculin skin test, promises to be freer from danger, more easily applied, and equally as reliable as the earlier tuberculin tests. It may be relied upon to indicate tuebrculous infection in between 80 per cent and 90 per cent of early cases. According to Cohn, of Berlin, the higher the degree of tuberculous infection the weaker the reaction, and, in fact, the farther advanced the disease, the more often all tuberculin tests fail. The skin test has never been followed by any bad results. The material used can be supplied by the reliable pharmaceutical houses advertising in this JOURNAL. The following is a description of the test, taken from the paper on "Serum Diagnosis of Tuberculosis," read before the recent International Congress on Tuberculosis by Dr. Mary C. Lincoln:

(a) *Material.*—Two solutions are necessary, a 25 per cent solution of Koch's old tuberculin, consisting of one part of T. O., one part 5 per cent carbolic acid in glycerin and two parts sterile 0.85 per cent salt solution, and a blank solution consisting of one part 5 per cent carbolic acid in glycerin and three parts sterile 0.85 per cent salt solution. To preserve the two solutions in a sterile manner without evaporation and to have a definite amount for each test, a measured drop is drawn into capillary tubing and sealed. A convenient method of doing this is to draw out glass tubing three-eighths of an inch in diameter into long lengths of capillary size, fit a rubber teat on the large end, aspirate a measured drop through the capillary end, seal end and also about 5 cm. from the end so as to enclose the column of liquid in the capillary tube. A large number of capillary tubes of tuberculin can be made up at one time, since the solution keeps indefinitely.

The scarifier may be metal or glass, but should not be sharp enough to break the skin. The one used by myself has a flat sided metal tip about one-sixteenth of an inch in diameter, the edge of which is used in scarifying. A very satisfactory one can be made by filing down the end of a blood lancet to a round flat-sided tip.

(b) *Application of the Test.*—Sponge a small area of skin, conveniently on the inner surface of the forearm, with ether. Break off both ends of three capillary tubes, two containing the 25 per cent tuberculin and one the blank solution. Blow two drops of the tuberculin on the arm about one and one-half inches apart and one drop of the blank solution between the two drops of tuberculin. Dip the scarifier in ether, dry and revolve the edge of the tip about four times in the drop of tuberculin, holding the scarifier at right angles to the surface of the skin and using enough pressure to slightly dent the skin. Repeat in second drop of tuberculiu, dip scarifier in ether, dry and scarify in drop of blank solution. The only immediate result visible will be three tiny depressions in the skin in the center of the three drops of liquid. Allow the drops to dry, or cover with vaccination shields until dry.

(c) *Observation of Reaction.*—Usually at the end of 20-24 hours the reaction, if any appears, is at its maximum. A typical reaction consists in a hyperemic indurated swelling rather sharply circumscribed, about 1 cm. in diameter with a deeper colored pinhead-sized central depression. The blank shows nothing or rarely a dull red point. Occasionally, a more marked tuberculin reaction results, that is, vesicle formation in the center, a hyperemic swelling of twice the usual size, and finally crust formation. The reaction subsides in from one to four weeks by gradual diminution of the hyperemia and induration if the reaction was of the mild grade and by desquamation if the reaction was severe. No constitutional effect has ever been noted. The ouly subjective symptoms are a slight grade of itching and some tenderness when the reaction is severe. A primary attempt was made to classify the reactions on the basis of their intensity and duration, but such detailed data add nothing to the essential value of the test.

The Report of the Board of Medical Examiners, published in another column, deserves to be noticed as showing the policy of the Board. We understand that in this examination nearly every applicant had been a former practitioner in Texas but failed for some reason to secure verification license. There probably are four hundred more physicians in the State who are still unlegalized. It was clearly the purpose of the last Practice Act not to disqualify physicians already legalized. At the same time the Examining Board is not now authorized to license men exeept by examination. It is a hopeful sign that these men took the examination in place of attempting to contest the law. It is commendable that the Board has exercised toward this class a liberal policy. These physicians passed almost without exception. A rule of the Board, similar to rules of other State boards, grants practitioners a credit of 1 per cent on grades for each year of practice. Some applicants in this examination had practiced for forty years, and the actual percentage need not have been high. In fact, several applicants, with their time allowance, made over a hundred. This explains some of the exceptional records shown in the report. The rule may be a good one, but, in our opinion, time allowance should be credited only when neces-

sary, and then only to the extent necessary for passing. Grades between 80 and 100 should represent actual scholarship; otherwise, credit for high examinations and comparative estimates between individuals and schools will lose their significance.

Proposed Optometry Legislation.—The State optometrists have prepared an optometry bill which uses the language of our Medical Practice Act to a striking degree. It will be introduced by Representative C. L. McCallum, of Dallas. The bill creates a Board of Examiners in Optometry; defines the term as "the employment of any means, other than the use of drugs, for the measurement of the powers of vision and adaptation of lenses for the aid thereof." It makes eligible to license all who have practiced optometry two years in Texas, and admits to examinations after two years of high school education those who have studied three years in a registered optometrist's office or graduated from a school of optometry requiring twelve months of instruction divided into two years.

Will such a law benefit the public? Those who look upon the eye as a kind of independent physical window whose defects can be improved, in general, by the correct application of spectacles, say a law insuring efficient spectacle-fitting will benefit the public. An argument for class legislation applied to any other tradesmen would have a similar force. Those who know that a vast number of defective eyes are diseased eyes, and that the application of spectacles is often but one out of many medical and hygienic measures necessary to benefit the patient, believe the bill is calculated to injure rather than protect the public.

The bill denies opticians the right to use drugs, and justly, because the careful use of drugs requires a medical education, and the careless use of one drop of atropin may destroy the sight in a glaucomatous eye. A satisfactory examination of the eyes of the young and middle-aged is impossible without medicines. The bill, then, contemplates licensing a class which by law is prohibited from being as expert as physicians. Bodily diseases manifested in the eye need early diagnosis for successful treatment. Diseased eyes need the most prompt and careful medical attention. The mere application of glasses by a licensed specialist is calculated to lull the patient to a sense of false security, and loss of sight will result from unrecognized and untreated disease. Did the people know when they had a mere optical defect and when an ocular manifestation of disease, they could then intelligibly choose an optician or an oculist. This knowledge does not exist; opticians are oculists to the public.

To justify the law on the ground of its raising the standard of opticians is irrelevant, as the question is, will such elevation benefit the public? There is no more reason for special legislation to prohibit itinerant spectacle vendors than any other class of peddlers.

A similar law has been passed in a few States, and has failed in others. In Illinois, it was recently vetoed by Governor Deneen. The New York bill, which was opposed by the medical profession, does not require opticians to be graduates, although the board has ruled requiring attendance at an optometry school whose course is at least three months. The school curriculum proposed by the Texas law is, in the present condition of optical schools, practically prohibitive, and legalizes a three years' apprenticeship. The curricula of these schools show that they give a superficial medical course on the eye. As an illustration, the thirteenth catalogue of the Southwestern Optical College at Kansas City, Mo., which is sending opticians to this State, catalogues eighteen branches of instruction, of which the following are samples:

Anatomy of Eye.—Shape and size of eyeball. Coats and contained humors. Uses and functions of each. Lachrymal apparatus. Eyebrows, lids and lashes. Pupil of eye. Optic nerve. System of motor muscles.

Physiology of Vision.—Refracting media of eye. The effect of each on light. Inverted image on retina. Direct and indirect vision. Field of vision. Points of comparison with a camera. Monocular and binocular vision. Diplopia. Refraction of eye and accommodation. Blind spot. Visual angle.

Disease of Eye.—Removal of foreign bodies. Study of various diseases. Cataract. Strabismus. Wild hairs. Granular lids. Conjunctivitis. Ophthalmia. Keratitis. Iritis. Muscæ volitantes. Ptosis. Blepharitis. Epiphora. Retinitis. Night blindness. Choroditis. Neuritis. Tenotomy. Iridectomy. Amblyopia.

Materia Medica.—Mydriatics and cycloplegics. Atropine. Scopolamine. Hyoscine. Homatropine. Duboisine. Myotics. Eserine. Pilocarpine. Cocaine. Acollyrium. Boracic acid. Sulphate zinc. Nitrate of silver. Acetate of lead. Alum. Sulphate of copper. Tannic acid.

On page 24 of the same catalogue occurs the following:

Time required, two to four weeks. We have had exceptional cases where the work has been mastered in less time.

Tradesmen who prepare to solicit the public as "patients," and examine the human body and prescribe remedies for its diseases and defects, can not safely do so for the whole body, or for one organ, without a medical education. This policy is carried out by our present laws relating to dentistry, and teeth may be looked upon as appendages.

In this connection, the editor of the Department of Economics in the *Journal of the American Medical Association* recently said:

Without stultifying itself, the State can not establish two

standards in the same branch of medicine. This bill (the optometry bill) puts a full fledged physician with years of preparatory and scientific study and final qualification before the State medical board against a tradesman with six weeks of special study. The State can not, in fairness to the profession or in the interests of the laity, lower present standards in ophthalmology. Nor will it do so if the legislator is properly instructed.

The persistent efforts that have been made along this line in the past two years should be carefully noted and understood by all physicians, especially by those interested in medical legislation or those making a specialty of diseases of the eye. In several States the endorsement of unthinking physicians or of sections on ophthalmology have been secured for such legislation under the specious plea of protection of the public from "incompetent optometrists." (God save the mark!) There is no more reason why the State should protect the public against incompetent spectacle fitters than there is why it should examine and license manufacturers of crutches. The only object of such legislation is to give the "graduate" of some "college of optometry," who has enjoyed the inestimable advantages of a six weeks' course of instruction, the privilege of hanging a handsomely engraved certificate of license in his shop window and thereby make the public believe that he has the endorsement of the State. Cults and isms heretofore have sprung up around methods of treatment. This fad seems to have developed around a single organ. If a milkman or a dry goods clerk can learn to treat diseases of the eye in six weeks, there is no reason why he can not learn to treat diseases of the stomach or of the lungs in the same time. In fact, there is no reason why he could not select the particular organ of the body which seems especially attractive to him and disregard the parts of the body which he does not care to treat.

The whole proposition reduces itself to an absurdity, and its ridiculousness should be impressed on the members of our legislatures so as to put a stop to such farcical legislation.

To Non-Members of County Societies.—There are 3322 physicians in Texas united in county societies and a State association to further their scientific attainments, the elevation of the ethical sentiment of the profession, and advancement of public health interests. Organization has established this JOURNAL. The new medical law, the higher requirements for State medical colleges, the maintenance of the $5.00 insurance examination fee, the campaign against nostrums, the agitation for a State Board of Health and a State Tuberculosis Sanitarium are examples of what organization has and is accomplishing.

The new law requiring registration in district clerks' offices has enabled us for the first time to determine how many and who are licensed physicians in Texas. Your name appears among 4050 others as physicians who have not affiliated themselves with the organized medical profession of the State. Of this number approximately 175 are Eclectics, 105 Homeopaths, 30 Physio-Medicals, and 70 Osteopaths. This leaves over 3600 physicians in Texas practicing regular medicine who are, or should be, eligible to membership in their county societies. The January number of this JOURNAL goes to 2000 non-members. To these we present an urgent invitation to affiliate with their county societies.

WHY YOU SHOULD JOIN A COUNTY MEDICAL SOCIETY.

1. Because it federates and brings into a compact organization the entire medical profession of the county.
2. Because friendship, mutual respect and unity of sentiment are promoted by direct personal intercourse.
3. Because it builds up social intercourse between physicians and their families.
4. Because, bringing the physicians together so they may know each other will prevent envy, jealousy and local animosity, and this can be done in no other way.
5. Because it increases practical and scientific medical knowledge.
6. Because it is a post-graduate medical school at home.
7. Because it makes possible among physicians better business conditions and methods.
8. Because by it the profession is able to make itself felt in local sanitary and health work.
9. Because it educates the public to a higher respect for the medical fraternity.
10. Because it is the unit and foundation of the organization, and only through it can physicians become members of their State and National Associations.

Clean Advertising Pages.—This issue marks an epoch in Texas medical journalism. Our advertising pages contain the advertisement of no medicinal agent which is unapproved by the Council on Pharmacy and Chemistry. The Trustees have to this time continued a few advertisements where there was reason to believe remedies would soon be submitted and approved. With the December issue these contracts ended and those of unapproved remedies were not renewed.

In July, we noticed the first issue of the new *Journal of the Oklahoma State Medical Association,* giving it, as near as we could, a frank and friendly review. At the close of this notice, we said:

> The first issue contains a small amount of advertising. We are glad to see that most of it is ethical. However, the wisdom of the insertion of Glyco-Thymoline without any formula is, in our opinion, very questionable, and still more so the full page advertisement of the unapproved remedy—"Pneumo-Phthysine." This last name shows it is intended finally for a popular remedy. We sincerely hope that the wide-awake profession of Oklahoma will, through the *Journal,* heartily support the Council on Pharmacy and Chemistry, and not advocate any remedies not guaranteed by the great national investigating body.

In reply, Dr. Barker, the editor of the *Journal,* quotes our expression and makes the following comment:

BOUQUETS AND BRICKBATS.

> It may be seen that the formula of Glyco-Thymoline is now printed in connection with the advertisement.

So the name "Pneumo-Phthysine" shows that it is intended to finally become a popular remedy, does it? Well, how about "Chologestine," "Febri-Tone," "Duotonal Tablets," "Triotonal Tablets," "Quartonal Tablets," and "Sextonal Tablets," each tablet labeled "Schering"? And again, how about "Peter's Peptic Essence Comp." that *"has the remarkable property of arresting vomiting during pregnancy"?*

How about the claims made in the "ad" of Glyco-Heroin (Smith)? We find the following statement: "Glyco-Heroin (Smith) is admittedly the ideal heroin product. It is superior to preparations containing codein or morphin, in that it is vastly more potent and *does not beget the by-effects common to these drugs.*"

And on referring to the report on Heroin of the Council on Pharmacy, we find the following statement (see page 40 of New and Non-Official Remedies): "The habit is readily formed and leads to the most deplorable results," and "It is said not to produce costiveness" (this is not true, according to some observers).

While the editor of the *Oklahoma Journal* made unsubstantiated reflections upon a number of our advertised remedies approved by the Council, his real objections are directed to the only two unapproved remedies then carried; the contracts for these expired with December. In this way he unwittingly testifies to the value of the work of the Council. The editor and Trustees of this JOURNAL regret that the expression of our desire for a high standard of advertising in Oklahoma should have been characterized as "brickbats." We believe the intelligent profession of this new State will not feel that we are mud-slinging when we champion the interests of her people to the end that her medical profession be encouraged to use only remedies whose formulæ are certain, purity standard, and which are advertised in an honest and ethical manner. The history of proprietary advertising in this country presents monumental evidence that individuals and medical journals are unable to undertake the exhaustive investigations necessary for discrimination, for which purpose the Council on Pharmacy and Chemistry has been established by the House of Delegates, a body representing the medical profession of every State of the Union.

Who Is It?—The December issue of the *American Journal of Clinical Medicine* (Abbott), under the head of "Some Phases of State Journalism," a tirade against the advertising policies of some of the State journals, begins as follows:

The Oklahoma State Medical Journal having declared its right to form opinions for itself and to direct its own policy in accordance therewith, the machine editors at once try to whip it into line. The result is edifying—and funny. The Texas man (an eye specialist, not an internist) kicks at glyeothymoline, and Editor Barker comes back with queries about a whole lot of the Texan's ads, some of which flatly contradict the alleged infallibility of that State's journal.

ORIGINAL ARTICLES.

THE LOUISIANA SYSTEM OF HYGIENIC EDUCATION.*

BY

FRED J. MAYER, M. D.,
NEW ORLEANS, LA.

This is the second time, and the first opportunity, I have had to show my appreciation of the honor of being invited to address this magnificent body of medical men. As fraternal delegate from the State Medical Society of Louisiana, now in annual session, permit me to bear to you an expression of their amity and good will, and to express the hope that the end and aim of our respective organizations: the advancement of medical science; the raising of the standard of medical education and ethics and the cultivation of those friendly relations, brought about by these annual conventions, may all find in this gathering its fullest fruition. May the ties of friendship and mutual interest, the result of early association of many before me with the Tulane University of Louisiana and the Charity Hospital, not to speak of the contiguity of territory, be riveted yet more closely in the near future by some form of reciprocity.

On behalf of the Louisiana State Board of Health, which body I also represent as fraternal delegate, permit me to say that the distinguished head of your health service and the able quarantine officers of Texas have their entire confidence as well as that of the people of Louisiana. They all feel that in the unhappy event of pestilential invasion of your State, that in the light of modern sanitary science you will not only quickly suppress it, but that the health authorities of Louisiana will be promptly notified of its existence, just as Texas was promptly notified of the existence of all suspicious cases and of the one case of yellow fever that occurred in Louisiana during the trying year that followed the epidemic of 1905. This was proven to our satisfaction by the early notification of the existence of dengue in Brownsville last year by Dr. Brumby. This mutual confidence is the strongest factor in a defense against a common enemy. The suicidal policy of concealment is an error of the past, which it is to be hoped, in the light of our present knowledge of the cause, nature and prevention of disease, will never be repeated, no matter how insistent the commercial interests may be.

The success, nay the very existence, of our whole scheme of government rests on the education of the masses. Channing said: "Every mind was made for growth, for knowledge, and in its nature is sinned against when it is doomed to ignorance." This is especially true of sanitary truths. The masses have an inalienable right to be instructed by the State in the cause and prevention of those diseases that bring about great economic loss, that in the end falls upon the taxpayer, not to speak of the humanitarian aspect that should evoke our warmest sympathy. It was a recognition of this truth, foreshadowed in the Roman axiom: *"Salus sanitasque republicæ suprema lex,"* that brought about the genesis and evolution of the "Louisiana System of Hygienic Instruction," about which I wish to speak to you.

*Read before the Section on State Medicine and Public Hygiene, State Medical Association of Texas, Corpus Christi, May 13, 1908.

Genesis.—In 1878 a medical student caught, in New Orleans, a fever, which developed on a steamboat on his way home. On the boat's arrival the authorities of the town and parish, in obedience to the excited demands of the masses, who looked upon clothing and coffee, pig iron and salt, carboys of sulphuric and carbolic acid, as dangerous fomites needing disinfection, instituted a rigid shotgun quarantine, without providing the sufferer a shelter wherein to lay his head, or opportunity to secure supplies or medical attention. Had it not been for a devoted mother and brother, who drove out from his home two leagues distant and took charge of the victim, he would have been compelled to wander aimlessly, in a delirious state, as so many have done under similar circumstances, spreading the infection, until death would have closed the scene and afforded that surcease from suffering which the ignorant brutality of neighbors denied. As it was the brother returned for supplies and was refused admittance to his home by an armed guard, while the mother and sick son drove hither and thither seeking shelter from the burning rays of a July sun. They finally landed in a deserted negro cabin, in the middle of a cane field, where the victim in blissful unconsciousness sank on the hard floor with the buggy cushion for a pillow. That night, alone and without a taper to dispel the gruesome shadows, the mother sat by the pallet of the stricken son, her soul tortured by the Cheyne-Stokes respiration that momentarily seemed to usher in the end. The awful vigil was broken the next day by the arrival of the brother with supplies and a physician, and the mother's devotion was rewarded by his life. During the convalescence his embittered spirit was calmed by the true Christian spirit of the mother, who pointed out that the inhuman treatment could not be due to any ill will on the part of the community, but to ignorance of the proper way to proceed. During the forty-day quarantine that ensued, the youth had time to reflect that all the magnificent possibilities of our glorious Southland, with its balmy climate and refreshing breezes from the Mexic Sea, with its inexhaustible fertility and its wealth of raw material that in boundless profusion was going to waste, was absolutely inhibited in its growth and development by the annual visitation of yellow fever and the panics that followed in its wake. He was profoundly impressed with the fact that yellow fever was not contagious, and equally certain of the infectious nature of tuberculosis, from reading of the rigid steps taken in Florence and Naples in 1782 limiting its ravages, and because Morgani, in 1760, pointed out that it was dangerous to dissect dead bodies of consumptives; and that Villemin, in 1865, believed in a specific virus and succeeded in tuberculizing rabbits and guinea pigs with the products of gray tubercules, also with tuberculous blood and sputum and with the tissue of cattle suffering with pearly distemper. The youth was lost in a maze of speculation, why a people should view the ravages of such a disease with equanimity, and yet grow hysterical over a disease not endemic and not contagious, particularly when the mortuary records of New Orleans for a quarter of a century showed that almost as many had died from tuberculosis as from yellow fever, cholera, and all other of the so-called zymotic diseases put together. The conclusion was logical, that in the opinion of the public consumption was a hereditary disease, and what could not be cured must be endured. Yellow fever was foreign and could be prevented by non-intercourse. How simple seemed the remedy,—to educate the masses, and forthwith there evolved a scheme of popular education which would reach the masses. After graduation the young medico, thankful for a life that had been preserved, determined to do something for preventive medicine. Although handicapped by want of means and influence, so in a modest way, and wishing to be entirely ethical, he started a movement among the medical fraternity of his section, and soon came to a rude and sudden awakening from his dreams of hygienic education on discovering that the great majority of the fraternity still clung to the doctrine of heredity in consumption and contagiousness in yellow fever, and that their ultraconservatism led them to view as unethical a discussion of medical subjects with laymen. Convinced of the untenableness of this view, and strengthened by the later great discovery of Koch of the bacillus of consumption, in season and out of season he agitated the question of instructing the masses in the nature and prevention of communicable diseases. In 1884 he determined to see whether a lay audience could be interested in a sanitary question, and for that purpose selected a gruesome subject for a public lecture. The result being satisfactory, he kept up the fight before the State Medical Society, which always adopted resolutions endorsing the principle. In the meantime the epidemic of 1897 brought around a rehearsal of the usual barbarities and estoppel to commerce, still further accentuating the necessity of enlightening the masses. So the Louisiana State Sanitary Association was chartered November 22, 1897, the object and purposes of which, as set forth in its charter, were declared to be:

"The advancement of sanitary science:

"1. By the organization of a central sanitary body, with auxiliary circles in every parish in the State, and its extension until it embraces all the Southern and particularly the Gulf and South Atlantic States.

"2. The founding of a School of Hygiene and Quarantine on the chautauquan plan of correspondence, lectures and summer institutes.

"3. The publication of a monthly journal devoted to the objects of the Association.

"4. To secure, through an educated public opinion, the enactment of adequate health laws; laws on vital statistics; on food adulteration and water pollution; on meat and dairy inspection; on vaccination, and their enforcement; and the founding of hospitals for contagious diseases.

"5. To systematically educate the people of the State to the necessity of substituting rational, scientific, uniform, maritime and inland quarantines, during periods of epidemic danger or invasion, for the barbarous shotgun quarantines, which, while crippling commerce, afford at best a doubtful and insecure protection.

"6. The restriction and protection of tuberculosis and the founding of sanitoria for its hygienic dietetic treatment."

Provision was made in its charter for an advisory council composed of representatives "from each sanitary council in the State; from each town council and police jury in the State; from the commercial exchanges and boards of trade; from the boards of health; from the medical, pharmaceutical and dental societies; from the colleges; from the Chautauquan and other educational and scientific bodies; from the Press Club and the Commercial Travelers' Association," in the hope of corralling and correlating all educational and business factors in a State-wide movement.

Under its auspices the first popular Institute of Hygiene ever held in any country convened in the town of Opelousas, in 1898, and for seventeen consecutive hours, with intermissions for meals only, it sat while the leading sanitarians of the State read papers, discussed and answered questions on yellow fever, tuber-

culosis, typhoid, water pollution, charbon, cremation, etc.; and never was there a break in the continuity of interest from the hour the gavel announced the opening of the session until it fell in adjournment. This remarkable result was obtained by the introduction of musical numbers between the scientific papers, so as to give a breathing spell and relieve the tension on the lay mind. This is an important feature of the system, and the success of every institute depends on the character of the music. It would not do to follow a discourse on tuberculosis with the "Dead March in Saul" or the "Miserere," for the nerves of a lay audience would not stand the continued strain. They would soon leave the hall, or drift into levity, in order shake off the disagreeable impression. Nor would it be wise in an audience that had never heard of Beethoven or Chopin to indulge in too classical music. Music within the range of the audience, that they can understand, that will arouse their sympathetic interest, keep them awake and attentive and without unduly depressing them, is the class of music needed. Rostand caught the idea of the physiological effect of music when he made Cyrano de Bergerac rouse the starving cadets of Gascony with soft Landean airs. The success of the institute demonstrated the correctness of the system, but its promoters recognized that its expense should not be borne by the individual, but was the duty of the State.

The next year another was held at the State Capitol, through the insistence of Prof. Dalrymple, of the Louisiana State University and Agricultural and Mechanical College, who likewise learned to appreciate the fact that the cost of holding these institutes should be borne by the State. So in 1900 a bill was presented to the General Assembly to create a Commissioner of Hygiene, whose function would have been purely educational, to utilize every available agency to instruct the masses in the cause, nature and prevention of diseases in man and animals, and the relation of the latter and insects to public health. The Governor, who failed to grasp either the humanitarian or economic value of the measure, violently opposed it, even going to the extent of using his influence to have it strangled in committee, but it forged its way to the front by the sheer force of its inherent value and passed both branches, and was vetoed by the Executive on the grounds that while a meritorious measure, the State was unable to stand the expense of $4000 per annum asked for in the bill. In 1902 it was reintroduced, and passed the lower chamber by a vote of 63 to 17, with eighteen of its protagonists unavoidably absent; passed the Senate unanimously, and was again vetoed by the Governor on the same grounds set forth in the veto message of 1900, although his message to the General Assembly when it first convened set forth the fine financial condition of the State. Had this bill passed and the people for four years been systematically instructed in the mosquito doctrine of yellow fever transmission, the State would have escaped the epidemic of 1905 and the panic and business loss of two hundred millions of dollars. In proof thereof, look at the results of the mosquito campaign in New Orleans after the fever started and was under full headway, when the populace, white and black, for over one hundred years wedded to the fomites theory, were converted to the mosquito doctrine and instituted an anti-mosquito warfare based on it, that succeeded in arresting the march of the disease before the advent of frost, for the first time in the epidemic history of the city.

In 1893 the American Public Health Association was asked to endorse the plan. The petition was again presented at the New Orleans meeting, and again in Mexico in 1906, but never emerged from the committee. At the New Orleans meeting of the American Medical Association, in the Section on Hygiene, on motion of Dr. Sanders, of Alabama, the plan was unanimously endorsed, but turned down by the committee on resolutions of the entire body. The recent successful tour of Dr. McCormack through the South shows that the stone the builders rejected has become the chief cornerstone of the edifice. All praise to the American Medical Association therefor; the system has come to stay, for it is based on a correct principle.

When the present Board of Health was inducted into office its able President, Dr. Irion, announced its adherence to the policy of public instruction in hygiene, and in pursuance thereof it was the speaker's privilege, as Special Medical Inspector of the State, to hold over one hundred institutes of hygiene throughout the mosquito-ridden towns of the State, before colleges, high schools, kindergarten classes, press conventions, and special institutes of hygiene, which had the practical effect of facilitating the enactment of screening ordinances, encouraging the oiling of stagnant pools, and general sanitary measures, which were quickly followed by a marked surcease from the attacks of mosquitoes, a reduction in the number of malarial fevers, the incidental arrest of an outbreak of typhoid fever by the destruction of millions of infected flies. There also followed the arrest of what might have proven an epidemic of yellow fever, and its limitation to the original focus of infection. There occurred a single case in a town of 12,000 inhabitants, where *Stegomyiæ,* up to the time of instituting house to house fumigation, were thicker than leaves in Valambrosa. The good work of this sanitation in every town, without exception, was apparent for a period of two years, the one town that failed to hold an institute and failed to sanitate was the one where the case of yellow fever occurred.

The transfer of the quarantine to the Federal authorities reduced the revenues of the Board to a point where it was unable to continue educational work on the broad plan mapped out; nevertheless, we are still keeping up the work in Louisiana.

There is an economic phase to this question that should be dinned into the ears of business men and legislators, viz., the financial loss and leaks from disease. Does any man here present doubt for one moment that if the advice of Dr. Brumby had been religiously followed in Brownsville, that the town would have escaped the economical loss incident to the epidemic of dengue? Even now its delightful advantages of situation and climate are negatived by the absence of modern sanitation. The same may be said of Corpus Christi and a score of Texas and Louisiana towns on the gulf littoral, which ought to secure the tide of Northern winter travel that goes to California and Florida. There are other losses incident to the presence of the causes of disease, aside from the diseases themselves, that result in great economic loss, as for instance, the rodent population of our towns, which the Department of Agriculture estimates costs at the rate of one and a half cent per rat capita daily, counting what they eat and destroy. A simple calculation will show that an expenditure of one-twentieth of what they destroy will not only stop the economic leak, but make the town non-infectable by bubonic plague.

It has been estimated that consumption costs the people of this country three hundred millions of dollars

annually. What a saving would result from the expenditure of one-tenth of that amount in a State-wide campaign of education to instruct the masses on only two points: the danger to be apprehended from human tuberculous sputum and the excremental discharges from consumptive cattle.

What a saving to the State if the populace could once be aroused to the fact that the common house fly is the transmitter of the *Bacillus tuberculosis,* the *Bacillus typhosus,* the *Bacillus anthracis,* the *Bacillus diphtheriæ,* the *diplococcus* of pneumonia and other germ diseases. Popular ignorance of the cause of this "new captain of the men of death" is responsible for the fact that in some States the death rate from pneumonia almost equals that of the great white plague. Over a century has elapsed since the genius of Jenner gave a reliable prophylactic in vaccination; its intelligent application has eliminated it so completely from Germany that Niemeyer, in 1885, said: "It had lost its significance in Germany and was only to be met among barbaric people." From a sanitary view he was correct, sad though the reflection may be on our own civilization, where it continues to recrudesce with wearisome pertinacity due to the stolid indifference and ignorance of the masses. Twenty per cent continue to have diphtheria from popular ignorance of its mode of transmission, and the prophylactic value of the early use of the serum. If our paternal government that wisely expends millions to stamp out disease in sheep and potatoes would only expend one-fourth the amount in instructing the masses how to stamp out preventable disease in their families it would materially lessen the morbidity and mortuary statistics, and add billions of human foot tons to the productive capacity of the country that annually are consigned to the junk pile of our cemeteries at the age of their greatest productive capacity. The statement challenges contradiction. The reclamation of swamp lands and waste water places, the destruction of mosquitoes and flies, the sewering and paving of towns, the adoption of a bacteriological standard for milk, would not only add a thousandfold to comfort, improve the public health, but actually add to the taxable wealth of the country; so far from being an unremunerative expense, it would swell the private and public coffers, while prolonging life, and in the end, in the words of Martial: "Life is not mere living, but the enjoyment of health," a consummation so devoutly to be wished can only be attained by systematically educating the masses, and this can only be done on a State-wide scale, by the State, correlating all the forces herein enumerated by the Louisiana System of Hygienic Education, and the responsibility for inaugurating it rests upon the shoulders of the ethical medical men. It is to be hoped that you will meet the duty, and put the plan in operation here; it is not the vaporings of a visionary:

"As gay of thought and wild of wing
As Eden's garden bird."

But a practical plan of university extension that has passed the experimental stage in Louisiana, the principle of which has since been recognized and adopted in many of the States, in France, in Greece, and in time, in ever-widening circles, will reach the farthest limits of the civilized world. As to who shall take the initiative is immaterial, so the essential feature of the system is carried out, viz., the holding of institutes of hygiene in every county of the State, where, during the course of the year, the populace can be instructed on the following subjects:

1. General Hygiene.
2. Personal Hygiene—Adult and Infant.
   (a) Bathing and General Care of Person.
   (b) Clothing.
   (c) Diet—Animal, Vegetable Foods, Beverages.
   (d) Rest and Recreation.
   (e) Physical Exercise.
   (f) Occupation.
   (g) Hygiene of Eye, Ear, Nose, Throat, Mouth d Skin.
3. Air, Soil and Water in Relation to Health.
4. Hygiene of Habitations, Schools, Churches, Markets, I
   (a) Construction.
   (b) Heating and Ventilation.
   (c) Lighting.
   (d) Plumbing.
5. Municipal Sanitation.
   (a) Sewage Disposal.
   (b) Garbage Disposal.
   (c) Drainage.
   (d) Plumbing.
6. Insects and Animals in Relation to Health.
7. Milk, "The Great Uncooked Food," in Its Relation Health.
8. Tropical Hygiene.
9. Vaccination and Other Preventive Inoculations.
10. Cause, Nature and Prevention of Contagious and Inf tious Diseases.
11. Sexual Hygiene and the Social Evil.
12. Influence of Alcohol and Drug Addictions.
13. Tuberculosis, Cause, Hygienic Dietetic Treatment.
14. Parasitic Diseases.
15. Bacteriology.
16. Entomology.

This plan was laid before the Orleans Parish Med cal Society on the 8th of January, 1898, and met the unanimous approval.

A four-year course embracing the above subjects wi create a revolution in public sentiment and arouse tl masses to a consecrating belief in the wisdom of uphol ing the county and State health officers and in furnisl ing them with the sinews of war to carry on a campaig which up to now has been a thankless, unremunerate and unappreciated task, and lift the awful cloud ignorance that like a pall has settled in sinister pro imity to home and farm. The very genius of our i stitutions calls for public enlightenment on all que tions. Under any form of government no question wa ever settled until it was settled right. Under a demo racy we must continue in the words of the South's mos revered statesman, "To trust the body of the people, that trust will lean on a broken reed in all things— political, social and sanitary—if the masses are not in structed in the truth, otherwise the enlightened mino ity will be at the merey of the ignorant majority, whic like a blind giant, will brace its mighty shoulder against the pillars of the temple and bury all in th debris of dire distress and disaster.

RESOLUTION.

At the conclusion of Dr. Mayer's address the follow ing resolution was introduced by Dr. Holman Taylor of Marshall, and unanimously adopted:

WHEREAS, The existence of tuberculosis in man an animals is responsible for the death of one in eight o the people of this country; and

WHEREAS, Typhoid fever is growing in frequency i direct ratio to the increase in the number of people i every given community; and

WHEREAS, The existence of variola at this epoch i our sanitary history all point to the necessity of public instruction of the masses in the true cause, nature and prevention of the thousand and one preventable ills that daily lay their blight upon the home; therefore, be it

Resolved, That we endorse the Louisiana System of Hygienic Education, and urge its adoption upon the Legislature of the State of Texas, with appropriation of sufficient funds to enable the State Health Department to place it in operation, and to carry on a systematic course of publicity and education in every county in the State, on the course and the influence of the intemperate use of alcohol and on the subject of sexual hygiene.

THE DIVISION OF FEES.*

BY

BACON SAUNDERS, M. D.,
FORT WORTH, TEXAS.

Anything that concerns the professional, moral, social and financial well-being of the whole profession ought to come very close to the heart of every individual member, for it must be accepted as a truism that what promotes the welfare of the whole must concern the individual.

In these latter days of strenuous commercial adventure it is not a matter of great surprise that the spirit of professional promoting should have gained a certain foothold in our ranks. It is far from my intention, or desire, to limit the efforts or circumscribe the enterprise of any member of this organization, provided such effort and such enterprise are conducted along lines that make for standards that are unquestioned and unquestionable. There can be no doubt that whatever tends to lower the standard of professional righteousness in the individual has a constantly increasing force and effect on the whole medical profession. There is not and there can not be any such thing in our calling as a man living to himself alone. Should there be a lingering doubt in the minds of any as to the truth of this statement, let him but look at the effect in any community of disreputable conduct on the part of a medical man of that community. This is true not only as regards the estimation in which we are held by the public, but it acts reflexly on the profession itself and has a direct tendency to bring the standard of professional conduct in that community to the level of the lowered representative. Evil communications here, as elsewhere, surely will corrupt good manners, and good manners in the medical profession cover a large and constantly expanding field.

Concerning the things that everybody knows and acknowledges to be degrading, outrageous or criminal, there can be no discussion on an occasion of this kind. There is, however, an important question that concerns, and intimately concerns, every member of this body and every member of the medical profession of this country and every other country that does not come under the ordinary medical decalogue. If there were not members of the profession in quasi good standing who raise the point as to the morale of the practice, there would not be occasion to discuss the question of fee dividing, or commission giving, by whatever name the conscience-searing, profession-degrading, bargain-counter-imitating deal is called.

Rumor has it that in some communities this custom is practiced to a very considerable extent, and, unfortunately, I am told by men from whom both the public and the profession have a right to expect better things. I am persuaded that in such instances those who are so doing have not looked at the question from all standpoints, and it is to be hoped are not aware of the wrong they are doing to the public, to their fellow practitioners and to themselves. If this be the case, such men have only to be shown the error of their ways. They will then turn and henceforth walk in the paths of professional rectitude and uprightness. If their conduct is not caused by thoughtlessness, then it is inevitably true that it is due to avaricious cupidity, and can not be defended by any honorable right-thinking man.

On the first of January a few years ago a druggist in my town sent me a statement of the number of my prescriptions he had filled, and notified me that I was entitled to a credit of 10 per cent on the total amount, either in cash or trade. I replied to him, I had practiced medicine a quarter of a century and had not up to that good day felt the necessity of entering into an unholy combination with the druggist to *rob* our mutual *friend,* the patron, and, until I got ready to do this, I would not take either his cash or trade. There is scarcely one of you but what would condemn the addition of 10 per cent on the part of a druggist to be given to the physician as a commission, as contemptible, dishonest, and absolutely indefensible from any standpoint of right. Is there any essential difference between such a druggist and such a physician as accepts his proposition, and the physician who demands from his consultant a division of the consultation fee, or from the operating surgeon a division of the operative fee, or would there be any difference whatever except in degree and the natural contempt that grows out of small things between such attending physician who proposes and such consultant or such operator as accedes to the proposal?

To illustrate to what an outrageous extent this thing is sometimes carried, I beg leave to mention the following cases, omitting, of course, all names and locations, at the same time, stating that they occurred in the experience of some of the most prominent and best known practitioners of medicine in this country.

A prominent surgeon was asked by a country doctor what he would charge to come to a certain town and do four laparotomies, the physician stating that the patients were poor and could not afford to pay much. With these facts before him, the surgeon said in reply that he would do the four operations for $200. The operations were accordingly done, and at the close of them the surgeon received this amount in cash. Subsequently it was learned that this country doctor had obtained from these four patients a sum which aggregated $1200, thus pocketing $1000 for himself, and giving the surgeon only $200.

Another surgeon was asked by a physician to come to a certain city to perform six operations, stating the patients were poor, but for which he (the country physician) would see that the surgeon received $300 for his services. Under the circumstances, the surgeon did the operations, and it was learned subsequently that this physician received $1000 from these patients, of which he paid the surgeon $300.

"Can these things be and overcome us like a summer's dream without our special knowledge?" It is our business, gentlemen, to know these things, and not only to take cognizance of them, but act in such a

*Chairman's address before the Surgical Section of the Medical Association of the Southwest, Kansas City, Mo., October 20, 1908.

way as to show to those who do them that the great honest heart of true professional manhood will not subscribe to and will not tolerate such conduct. If there is anything in the logic of human action, not only the physician who proposes a division of fees to a consultant or operator, but the consultant or operator who accepts such a commission or division of fees, knows that either such physician and consultant or operator have combined to rob the patient, or the consultant or operator has held his hands up and allowed the attending physician to go through him very much after the order of our Texas road agents. In the first instance, the physician, consultant and surgeon are guilty not only of an unholy but dishonorable course towards their mutual friend, the patient. In the latter instance, the consultant or surgeon is held up at the muzzle of a few paltry dollars, and, while he may not be condoned, it is perhaps charitable to pity him. What such a consultant or such an operator needs is a little of the article our friend, Dr. Fly, of Amarillo, calls "Cerebro-spinal stiffeine."

If there is any lingering doubt in the mind of any of you present as to the real integrity of purpose in the great majority of instances of proposed division of fees and commissions, just ask the proposer the next time he bobs up if he is willing for his victim, the patient, to be told, in the presence of the consultant or the operator, that he is to receive a proportion of the consulting or operating fee. I have never known or heard of one who was willing to stand this crucial test of integrity. By this sign you shall know them.

This is the trouble—what is the remedy? In my judgment, the keynote of the remedy is in a general moral unlift of the profession. If there is any class of men on earth whose mainspring of action should be the very highest conception of professional, social and moral rectitude, it is our profession. "In hoc signo vinces."

AN IMPERMEABLE ESOPHAGEAL STRICTURE—GASTROSTOMY—VON BERGMAN'S METHOD FOR THE ESTABLISHMENT OF A PERMANENT GASTRIC FISTULA—OPERATION—RECOVERY.*

BY

JOE S. WOOTEN, B. S., M. D.,
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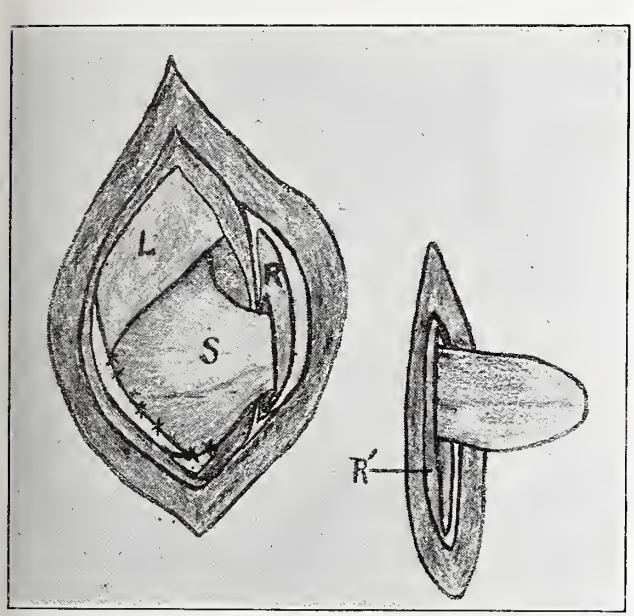
A young man, age twenty-two, weighing between 175 and 180 pounds, was, in September, 1907, seized with a violent vomiting spell, with pain and cramps, which lasted for several hours before relief came. His attack was attributed to having eaten some poisoned ice cream. From this day on he continued to complain of symptoms referable to the stomach digestion, and from time to time with a dull, heavy pain over the lower half of the sternum. The patient gradually discarded all solid foods, then the semi-solid, and finally reduced the nourishment to the simplest soups and to milk, finding that the former diet increased the distress, aggravated his symptoms and would be regurgitated undigested. This condition of affairs continued until I first saw the patient in consultation in December, 1907. From a robust, vigorous, young man, I found the patient now weakened and emaciated. His condition was one of starvation in spite of the fact that he was taking from eight to ten pints of sweet milk in twenty-four hours the major portion of which was being regurgitated soon after drinking. His bowels were very costive and the stools showed little sign of the milk having reached the stomach. With the exception of the above brief statement, his personal and family history was otherwise negative. He had never vomited any blood, and from a physical examination there was nothing to reveal the existence of any organic disease of the viscera. The patient had a bronchial and laryngeal cough, and the pharynx was in a phlogose condition, apparently due to the constant regurgitation of decomposed food. With no instrument at hand to demonstrate the existence of an esophageal obstruction, nevertheless, the diagnosis of stricture was made. Upon my advice he was brought to this city and placed in the Seton Infirmary for further inspection and treatment.

After a thorough exploration of the esophagus there was found to exist 14½ inches from the incisor teeth an obstruction which failed to admit the passage of my smallest olivary esophageal bougie. Above this point there was a dilatation capable of holding about six ounces of fluid. As a preliminary step in the proposed treatment, this dilatation was washed out every day with warm boric solution in order to relieve all possible inflammation. During this procedure practically no water would pass into the stomach. As soon as the dilatation and the upper portion of the esophagus became filled no more of the irrigating fluid could be added without bringing on a coughing spell due to overflow into the larynx. I then had made by a local mechanic three olivary tips, one-sixteenth, one-eighth and one-fourth inches in diameter, respectively, to screw on my spiral esophageal dilator, and after daily trials extending over a week, failed to gain entrance through the stricture. Two small gum elastic bougies (12 and 14 F.) were then fastened together, with a wire within, and with this apparatus further attempt was made, but without success, the feeling to the touch being as though the instrument had met a firm, hard wall. Acting upon the experience made use of in the treatment of impermeable urethral strictures, I ordered to have made a dozen filiform bougies, twenty-one inches long, together with a hollow spiral esophageal sound with a lumen sufficient to permit it being threaded in upon any filiform which might possibly pass the stricture into the stomach. Through a stomach tube with its distal end cut off, and which had been first passed down to the face of the stricture, I introduced my filiforms, and attempted repeatedly to find a passage, but signally failed. Such protracted attempts to treat this case by mechanical methods when every indication from the first called for surgical interference were due to the fact that both parents and patient positively refused to submit to operative interference. Being convinced finally that no hope could be looked for from such treatment, and with a refusal on our part to further prolong the attempt, consent was finally obtained for an exploratory operation. Owing to the inability to properly nourish the patient his general condition was bad; his weight was 102 pounds, and, although rectal feeding had been practiced all along and every means employed to build up and sustain him, the patient was not an inviting one upon whom to do a laparotomy.

Operation.—A mesial supraumbilical laparotomy was performed. An incision two and one-half inches, beginning with the ensiform cartilage, was made, and,

*Read before the Section on Surgery of the State Medical Association of Texas, Corpus Christi, May 12, 1908.

after the peritoneal cavity was opened, was further extended downward almost to the umbilicus. Exploration of the stomach revealed, beginning with cardiac end of the stomach and extending upward beyond the level of the diaphram and the confines of the abdominal cavity, a hard fibrous esophagus. The viscus itself was found contracted to about one-third to one-half its normal size and containing nothing but ropy mucus. Owing to the profuse bronchorrhea excited by the chloroform, and made worse by ether, together with the profound shock brought on every time the stomach was lightly handled, although the patient was in thorough narcosis, the operation was continued under very trying circumstances. It was evident that further manipulation of the parts would prove disastrous, and the establishment of a gastric fistula was immediately decided upon as the only means of prolonging the life of the patient. A piece of the anterior wall of the stomach above its greater curvature, and some distance from the pylorus, was seized and drawn out vertically into the laparotomy wound. This cone-shape tail, three and one-half to four inches long, was anchored at its



Drawing from Bockheimer and Froske.

Fig. 1.—L, liver; S, stomach; R, left rectus muscle; R', outer border of left rectus muscle.

base to the parietal peritoneum, thus practically closing off the peritoneal cavity. The ten or twelve interrupted silk sutures thus placed included only the serous and muscular coats of the stomach. The next step in the operation was to make a second incision about two and one-half inches through the skin down to and along the outer border of the left rectus muscle, parallel to, but at a point lower than, the median incision; the anterior lamella of the rectus muscle was opened, and with the blunt end of a pair of curved scissors the muscle fibers were forcibly separated from side to side until the end of the scissors made their appearance at the mesial border of that muscle; the apex of the gastric cone previously anchored at the base was dragged through this muscular opening in the rectus and into the second wound. Owing to the contracted state of the stomach some difficulty was experienced in securing a sufficient portion of the stomach to make the necessary tail. The end of the cone was then fixed into the second wound by numerous silk sero-muscular sutures, but not yet opened, and above and below the intended fistula the skin was closed by silk. The median incision was then prepared for closure by introducing four deep silk sutures through all of the soft parts, the linea alba being repaired by buried chromic catgut sutures before these deep silk sutures were tied. The skin was additionally sewn together by several superficial silk sutures, and the entire wound dressed and protected by oil silk. The gastric diverticulum was then finally opened, and its mucous membrane sutured to the skin. Through the fistula the stomach was sounded and the canal found to be thoroughly opened. A soft catheter was then introduced, and the dressing so arranged as not to have to disturb the wound every time the patient was fed through the catheter.

There was no shock following the operation. There was slight nausea, but no retching. The silk sutures were removed on the eighth and tenth days. The patient was allowed to be up on the fourteenth day, and left the hospital on the twenty-third day, and had gained twenty-one pounds.

Fig. 2.—Appearance of abdomen 23 days after operation.

After Attention.—Nourishment was commenced one hour after the operation. Owing to the contraction of the stomach, and the dangers from acute dilatation, the patient was fed small quantities through the tube every hour, beginning with an ounce of fluid and gradually extending the time and the quantity until the stomach readily held from ten to twelve ounces of fluid without any overflow or leakage. For the first week the food consisted of milk, egg-nog, raw eggs soups and broth; to this dietage were added thin cereal, thin milk toast, and now the patient is able to take, in addition, finely ground meat, custards, etc., different size rubber tubes with rubber funnel attachment having been made for his special benefit.

At first his hunger was intense, and, strange to say, he knew very readily the character of the nourishment being introduced through the fistula, claiming to be able to taste it. After the removal of the stitches the retention catheter was dispensed with, and will only have to be employed when nourishment is taken. Contrary to the academic idea, this patient not only had hunger, but an appetite as well, and enjoys his food, this being accounted for by the fact that he makes it a practice to taste his food and thereby keeps up a psychical stimulation.

It is generally supposed that the life tenure of a patient suffering from gastric fistula is much less than the normal individual. Upon what grounds this idea rests, I am at a loss to know. While the performance of mastication is very essential to health, and the function of the saliva doubtless plays its rôle in the process of normal digestion, still there is no valid reason why a patient with a gastric fistula, if nourished with properly prepared food, should not live an allotted lifetime. This young man is now at work upon a ranch, is steadily gaining in weight (weighed 156 pounds when last heard from) and strength, and through an opening specially made in his outer clothing, is able to take his meals with facility and with little inconvenience.

Conclusion.—The principal objection and difficulty experienced in the formation of gastric fistulæ is to get an opening through which fluids will readily pass into the stomach, while none will pass out. Witzel first pointed out that a fistula placed obliquely through the gastric wall would not permit the escape of the gastric contents, but Von Bergman was the first to suggest and make use of the rectus muscle as a pad to close the diverticulum from within, and at the same time permit the free introduction of an instrument from without. Under the older methods, the constant escape of the gastric contents produced a very extensive "peptic eczema," which made life miserable. Furthermore, the method of Von Bergman does away with the necessity of a retention catheter, and at any time should the fistula wish to be done away with (which in my case will from necessity be permanent) the closure of the diverticulum could be accomplished with safety and without an invasion of the peritoneal cavity.

While no explanation as to the causation of the stricture can be offered, still its fibrous character would indicate a slow inflammatory process, doubtless extending over many months. That it was not and is not now malignant in character would in my opinion be sustained by the fact that there was never any breaking down of the stricture, no hemorrhage even after the prolonged manipulation in the attempts to force a passage through the obstruction, together with the age of the patient, and the subsequent rapid increase in the weight and strength following the operation. There may be a possibility in after years of a carcinomatous degeneration. Literature upon esophageal obstruction due to cardiospasm furnishes many interesting cases. I do not believe we have to contend with any such pathological condition here, still it has been my instruction to the patient to return in three or four months, and it is my intention then to again try and see what can be done towards overcoming the stricture by instrumentation. If there has existed a pouching or a deviation of the axis of the esophagus from the dilatation produced above the stricture by the accumulation of fluids and food, such a condition of relaxation of the parts should have disappeared after so long a rest. It is possible that a bougie may then be made to enter the proper channel, the stricture overcome and restoration of esophageal function secured.

SUBSEQUENT CASE REPORT.

Since the performance of the above operation and the contribution of this paper, on June 28th, I was again called upon to do a similar gastrostomy for the establishment of a permanent fistula in the case of a small, fat Mexican woman. She had taken lye by mistake some eleven weeks before and was now in a state of great suffering from acute starvation. The patient was still in good physical condition and inclined to obesity. Repeated attempts were made to reach the stomach by the various methods above outlined, but without success. The upper face of the stricture began at about twelve inches from the incisor teeth, and became impervious to all filiforms at about fourteen inches. All instrumentation was very painful and attended with hemorrhage. The patient continually coughed and spat mucopurulent material showing more or less sloughing of the esophagus.

When I took into consideration the date of the accident as being recent, the site of the already impervious stricture and the extensive cicatrization and contracture yet to follow, I considered Von Bergman's procedure the only step open to save the life of the patient. It was performed in a manner similar in detail to my first case. There were but two difficulties experienced. One was due to the very short gastrohepatic ligament and the contracture of the stomach, while the second one was a result of the great thickness of the abdominal wall and the poorly developed rectus muscle, there being so little of the rectus fibres as to make the splitting process difficult to secure sufficient future pressure-effects upon the diverticulum.

At this writing (July 13, 1908), fifteen days after the operation, the patient is beginning to sit up, is doing nicely, and relates her experience and sensation concerning the introduction of the food, as did the previous case. The entire management and after treatment was carried out as above outlined.

THE DIAGNOSIS AND OFFICE TREATMENT OF SOME GYNECOLOGIC CASES.*

BY

J. W. TORBETT, B. S., M. D.,

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I selected the above subject at the request of friends who recognize as I do with regret the universal tendency to surgery, as shown by the large programs always on that section, to the great neglect of the more simple, less dangerous, practical methods so much more important to the patient and general practician in a large majority of cases treated. I do not disregard modern surgery and its brilliant results, but acknowledge with pride that we have in this State some of the best equipped hospitals and some as skillful operators as can be found in this country. I do regret, however, the general tendency that seems to pervade this State by which almost every physician aspires to become a surgeon. I regret the concurrent decline of apparent interest, and appreciation in the simple, practical treatment of medical and gynecologic cases met so often in everyday practice.

I shall not attempt to give a scientific account of the symptoms and pathology of the diseases herein discussed; that can be found in the books. But I shall review some very practical methods not found in our books of great benefit in many troublesome cases.

Dysmenorrhea is one of the troubles you have all had to treat. Doubtless many of you now will think of young ladies at home who must lie in bed each month surrounded with hot water bottles, drugged with whisky, ginger and "Dioviburnia," and finally wind up with one or more hypodermics at each period. Dr. H. C.

*Read before the Section on Gynecology and Obstetrics, State Medical Association of Texas, Corpus Christi, May 14, 1908.

Joe, of New York, says: "Surgeons have long been impressed with the fact that the operative treatment of dysmenorrhea is exceedingly unsatisfactory, the results being nil, or even injurious, in 95 per cent of the cases operated upon." Crossen gives thirteen causes of dysmenorrhea in the virgin, but says a large majority of the cases are the neurotrophic dysmenorrhea, caused by the hyperesthesia of the uterine nerves, which in turn is caused by the nutritive or trophic disturbances. A much smaller number than formerly supposed of those cases is now known to be due to stenosis, severe flexions, tumors, tuberculosis and reflex causes. A rectal examination, if deemed advisable, can be made in virgins to determine whether tumors exist or severe flexions cause the trouble. The treatment, however, which I am about to advise will do no harm, will do the general nervous system and circulation great good, and cure the cases due to neurotrophic causes, passive congestion or moderate flexion. Those rare cases, if such exist, due to reflex causes in the nose, *should* be cured by the treatment's effect upon the equilibrium of the general nervous system. I have never seen such a case, however.

Dr. Edward Titus, of New York, read an article on this subject before our last meeting of the American Electro-Therapeutic Association at Boston last September, reporting fifteen cases treated and cured. Dr. Wm. B. Benham Snow, of New York, has reported forty-three cases treated by this method, with but three failures. In the last six months I have treated successfully six cases. This treatment not only restored the tonicity of the parts and relieved the inflammation present with the dysmenorrhea, but also relieved at the same time an obstinate constipation present in some cases. It is practically the same treatment so valuable in prostatic troubles of men.

In almost every town there is a static machine capable of doing much good, owned by some physician who perhaps rarely ever uses it. It will furnish a simple and harmless method that should be tried on every case of dysmenorrhea, especially in the virgin, before local vaginal examinations and surgical procedures are advised.

Place the patient in Sim's position on a reclining chair on the insulated platform which has glass legs nine or ten inches high. Warm and lubricate a metal rectal electrode with insulated handle and pass its metal end up back of the uterus having the handle held by the patient or the X-ray tube holder so the inside part will press firmly forward as much as possible against the uterus. Connect this electrode with the positive side of the machine and ground the negative side. Start the machine with a very short spark gap between the sliding poles and gradually separate the poles until a spark from one to four inches is made. Continue treatment twenty minutes each day between menstrual periods. Four weeks' treatment will usually cure the case.

This treatment has a profound beneficial effect upon the general nervous system, upon the circulation and the local congestion and stasis, and hence will relieve those cases due to local congestion or moderate flexion, leaving only the very small number caused by stenosis, tumors, extreme flexions and possibly reflex causes to be referred for surgical treatment. The treatment will have done no harm, but, on the other hand, will have toned up the general nervous system and thereby made an operation better borne. Cases of dysmenorrhea in the married, of course, should be examined and the cause determined as they have as additional causes the acute or chronic inflammation of the uterus or some of its appendages which must also be treated.

The galvanic or continuous current 10 to 15 m. a. for five to ten minutes twice a week, using a copper intrauterine electrode as the negative pole and a large abdominal as the positive, is the best method for curing ordinary cases of dysmenorrhea caused by cervical stenosis. The same treatment passed into the body of the uterus will usually cure the membranous dysmenorrhea. The same method, using the positive as intrauterine, is used in cases of endometritis with hemorrhagic tendencies.

Aside from dysmenorrhea, I think the most common cause for which a woman will come to the physician's office for treatment is leucorrhea. This, of course, is but a symptom having a cause somewhere to be found. In the virgin, unless the discharge produces severe local irritation, which is rare, it is due to anemia, chlorosis, or some pelvic congestion from obstruction to the circulation from heart or liver disease, constipation, or general catarrh. A careful microscopical examination of the discharge should be made if possible for infection in the most severe cases of virgins and always in married women. These may, however, be the only causes found in the married, who should be examined locally always for inflammatory conditions, tumors, or displacements of the pelvic organs as a common cause.

Anspach, of Philadelphia, in a recent article in the *Journal of the A. M. A.*, in speaking of over 2000 gynecologic cases carefully examined and treated says: "It can at once be seen that the endometrium is diseased in no more than half the cases in which curettement is done for a suspected endometritis." The curette has been much abused and much overused as the sole curative agent for leucorrhea. In the above classes of cases where no severe pelvic lesions are found, general treatments are to be relied upon. In most of these cases the internal use of hydrastis and cimicifugia will accomplish much, with nux and pulsatilla if the patient be nervous, and podophyllum and cascara, too, if constipated, and cannabis indica if much pain or profuse flow. The large drug houses put up liquor sedans, aletris cordial and uterotonic, containing six to eight different drugs. It is better, however, to make your own prescriptions so the ingredients and doses of each may be varied to suit the particular indications of each individual case. If the patient's blood is impoverished, iodide of iron and arsenic should be given occasionally for a week. It may seem like presumption to mention drugs when you all have materia medicas, but in this age of therapeutic nihilism combinations like these which I have found of especial value should be tried before being condemned.

Of course, fresh air, sunshine, nutritious diet, and cheerful suggestions should be enjoined upon all cases with chronic diseases. Static electricity and cool baths with massage will materially hasten the cure in most cases.

In the other class of cases, in which a pelvic lesion is found, subinvolution, retrodisplacements and chronic, simple or septic endometritis are the causes most frequently encountered. The medical treatment mentioned above will also greatly help these cases, but must be supplemented by antiseptic, astringent or depleting vaginal douches, best given by the use of a vaginal plug recurrent irrigator, with which the patient may lie supinely, hips slightly elevated, and retain the solution in contact with the uterus for some time. Cases of subinvolution, with or without active uterine inflammation, should use from one to two tablespoonfuls of

Epsom salts in hot water, as recommended by Burgess, for external inflammation, as the best method of depleting the tissues. It may be combined with almost any mild antiseptic, and should be followed occasionally with some astringent douche like acetate of alum. Two or three times each week 10 per cent ichthyol in glycerin should be applied, most conveniently on vaginal wool capsules, as they will not require the use of speculum, and this is a great consideration with the ladies. This 10 per cent ichthyol in glycerin is the best remedy applied within the uterus with a uterine syringe. A small piece of sterile gauze is doubled over the nozzle of the syringe and passed into the uterus. The solution is slowly pressed out into the uterus as the syringe is withdrawn. The gauze is left in position saturated with the medicine. It can be easily removed by the patient pulling on the end left in the vagina. The bare copper uterine electrode, positive pole with 10 to 20 m. a. continuous current, given five to eight minutes twice a week, will hasten matters in chronic endometritis after depletion is accomplished.

Severe displacements and lacerations giving trouble should be referred to some competent surgeon for repair.

In three cases of acute gonorrheal salpingitis with considerable surrounding peritonitis, I have found that rest, hot applications (cold is better for some) and careful, gentle massage from the ovary toward the uterus, having the patient in a half Fowler's position, drained the tubes quickly. After the acute symptoms were passed the above treatments were used, and recovery maintained—in one case more than four years. The others are still well, but more recently treated.

This is simply given as a suggestion for what it may be worth in the first acute attack before the tubes have become occluded at their extremities. In chronic or recurrent cases operation is the remedy. These methods are more especially for the general practitioner who is not properly equipped to do careful surgery. They will cure or benefit most cases, and those not cured will be better prepared to stand an operation from having taken the treatment.

A CASE OF HYPERNEPHROMA OF THE KIDNEY.*

BY

A. L. HATHCOCK, M. D.,

PALESTINE, TEXAS.

The name "hypernephroma" is apparently used in a slightly different application by different writers. Some restrict the name to those tumors arising directly from the adrenal gland which retain the histological structure of that gland, while most writers, I believe, include under that name all new growths whose histology is more or less closely identical with that of the adrenals and arising from so-called adrenal rests. It is with the latter application of the term that I have included the case which I desire to report.

There are many interesting features in connection with these tumors and there remains much to be learned concerning them. They are evidently not so very rare, since the literature, both in our own country and abroad, carries quite a number of excellent articles on the subject, and most surgeons have had one or more cases. Dr. J. W. Bovee, of Washington, said in 1906 that it is the commonest form of renal tumor. Nearly all writers on the subject suggest that it is much mo frequent than is commonly known, probably many cas passing as "kidney tumors" without a correct histolog eal diagnosis. Also, it appears to be rather a frequer occurrence in the life of these tumors that a secondar metastatic growth is mistaken for a primary tumo while the kidney tumor remains unsuspected to be di covered later at autopsy or by producing local sym toms, or when a histological study of the secondar tumor proves its nature, an examination of the ren regions has often led to the discovery of the unsu pected growth in the kidney.

As regards the prognosis of these growths, there evidently a malignant and a benign type. I gath from the literature that most of them are benign, least in their earlier development, but it also appea that sooner or later nearly all take on malignant fe tures. This is manifested by the usual traits of ma lignant tumors, metastasis, local involvement of su rounding tissues and recurrence after removal.

Metastasis, as already stated, is occasionally seen b fore the kidney tumor is discovered. This appears t be especially true of bone metastasis, quite a good man cases having been reported by Albrecht, Hoffmann, Scud der and others. Scudder calls attention to the fact tha in many cases the bone metastasis is the only meta tasis in that particular case and that removal, there fore, gives hopeful results oftentimes.

Cases of fracture of the long bones in which no sus picion of a kidney tumor had been aroused, but whic proved to be due to a metastatic hypernephroma of th bone at the seat of its fracture, have been reporte often enough to make it necessary to keep in mind tha such occurrences in elderly people may be due to suc a cause.

The lungs, liver and in fact any organ or tissue i the body appears to be liable to be the seat of meta tatic hypernephroma. Dr. Burton Chance, of Phila delphia, reports a most interesting case in which h operated for a tumor of the iris and ciliary body whic proved to be a metastatic hypernephroma, the patien finally dying from intestinal obstruction due to an in tussusception of the ileum, the result of a secondar tumor of the same type affecting that organ. Ther were also subcutaneous and lymphatic nodules in thi case, all showing the same histological structure as th small tumor found in the kidney.

The case reported below was brought to me for ope ation by Drs. D. C. Carrington and B. F. Wilson, Marquez, Texas, to whom I wish to acknowledge m thanks for a history of the case.

The patient was a colored woman, M. C., 48 yea old, married and the mother of several children. Fou years previously she began to suffer with a heavy pai in the right renal region and a little later notice a tumor. There is no history of hematuria or oth renal symptoms, although there were no examinatio made of the urine at that time. The tumor gre slowly until I saw her, in June, 1907, when it fille the abdomen from above the umbilicus to near th pubic bones with a pedicle extending in the directio of the right kidney. Its appearance upon superficia examination was much like that of a uterine fibroi and its attachment to the kidney was only ascertaine by careful palpation of the pedicle and the history o its first appearance in the renal region. The entir tumor area was dull on percussion. It was but slightl movable, presented a nodular surface and lay somewha more on the right side of the abdomen. The urin

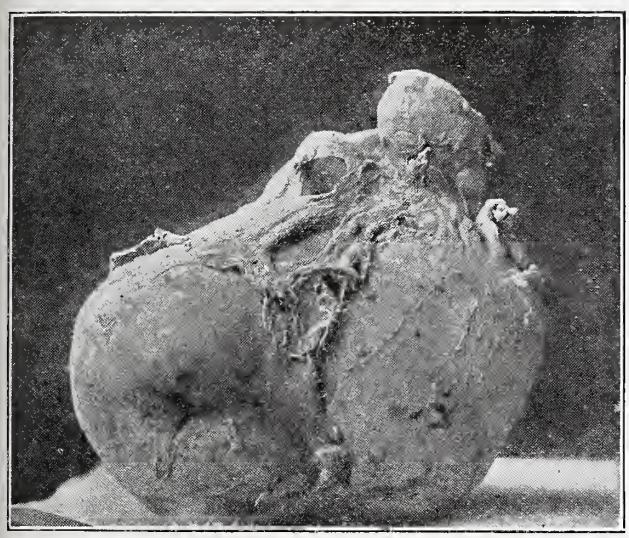
*Read before the Section on Pathology, State Medical Association of Texas, Corpus Christi, May 14, 1908.

contained a trace of albumen, no sugar. Unfortunately a microscopic examination of the urine, which would have added much to the clinical data, doubtless, was not made. The heart was dilated, there was a little edema of the ankles and at times slight dyspnea.

The tumor was removed by an abdominal incision through the right rectus muscle, the patient losing only a moderate amount of blood, but she died at the end of the third day, apparently from heart failure after rising quickly in bed while suffering from an attack of dyspnea.

The tumor was covered by the posterior parietal peritoneum and by many layers of fascia carrying a very large number of large tortuous veins, which made the isolation of the tumor very tedious. The colon was displaced inwards, lying to the inner side of the tumor and winding around its lower end to reach the right iliac fossa. The kidney and renal vessels formed the pedicle, which lay above and behind the tumor, the lower end of the kidney being firmly incorporated with the tumor.

The tumor, which weighs 2580 grams, and measures 15x20 cm., presented several large nodules, one or more of which fluctuated and contained a dark brown fluid. All other parts of the tumor were firm, of a grayish color in general, with dark spots here and there,



Gross appearance of the Hypernephroma.

giving the appearance of a hemorrhage beneath the capsule. The entire surface was covered with large veins and large bits of loose fascia still were attached to the surface. A firm capsule surrounded the growth and on section this capsule is seen to separate the tumor from the kidney tissue. A large nodule protrudes into the hilum of that organ, distorting the pelvis and making it impossible to outline the pelvis and ureter. An irregular slit leading downwards into the body of the tumor indicates that the ureter probably lies imbedded in the growth.

More of the posterior surface of the kidney is involved than is the anterior, the latter being apparently stretched down over the tumor for a short distance. In fact, this part of the kidney blends so perfectly with the tumor that it is impossible to tell where the kidney ends. The cut surface of the bisected tumor presents many large and small white or brown masses, each surrounded by a distinct capsule of fibrous tissue extending inwards from the capsule of the tumor, forming a complex, trabeculated arrangement of fibrous bands, separating various shaped masses of softer tissue. These masses with their limiting trabeculæ are much more distinct around the entire periphery of the tumor, just beneath the capsule, forming what might be called a cortical portion in contradistinction to a central portion in which the grouping of the tissue into masses is less distinct, is uniformly brown in color, and is more friable than the outer parts of the growth. This general portion, which is distinctly pulpy and is evidently degenerating, is fairly well separated from the cortical portion by a thick capsule of fibrous tissue, like that seen surrounding the smaller masses in the cortex. These masses of tumor tissue vary in size from that of a small pea to two inches or more in diameter. The contents of the trabecular capsule drop out easily and most of these masses have the appearance of degeneration well advanced. In fact, the whole interior appearance of the tumor is that of degenerating tissue.

The kidney, I should say, is about two-thirds its original volume, the lower end being destroyed by the growth, which seems to have pushed into the organ from below and behind. A distinct fibrous capsule separates tumor from kidney tissue, although a small

Fig. 1. Showing band of soft fibrous tissue and a vessel composed of endothelial cells. 1. Connective tissue cells. 2. Capillary. 3. Blood corpuscles in dilated capillary.

cavity within the upper end of the organ suggests either a separate growth or a deposit beyond the limits of the capsule. The capsule of the kidney strips off the anterior surface readily and is of normal thickness until it reaches the tumor, where it becomes thickened and is continued over the tumor. Over the posterior surface the capsule is adherent around some two dozen nodules, varying in size from that of a small shot to that of a butter bean. These nodules are situated beneath the capsule of the kidney and their histological structure is in no way related to that of the main tumor, being fibromata.

Microscopic Appearance.—Sections were made from the tumor at the greatest distance from the kidney, near the kidney, at the junction of tumor and kidney and from the nodule which had grown into the hilum of the kidney. Those taken from the junction of the tumor and kidney verified the gross appearance of a complete separation of tumor from kidney tissue by a

distinct fibrous capsule. The renal tissues adjacent show the renal tubules distorted from pressure, the epithelium destroyed, fatty or atrophied and the lumen of the tubules frequently contains plugs of hyaline substance partially filling them. The connective tissue is greatly increased throughout the renal structure. A sec-

Fig. 2. Acini filled with cells; walls of acini composed of capillary vessel. 1, 1, 1, 1, cells; 2, 2, have distinct nuclei and are well defined.

tion containing a portion of the renal pelvis shows the epithelium there to be fairly well preserved. Sections taken from the outer portion of the main tumor show quite a variety of tissues, mainly fibrous trabeculæ, enclosing nests of cells of varying size. These fibrous bands are mostly well formed, dense, fibrous tissue, but

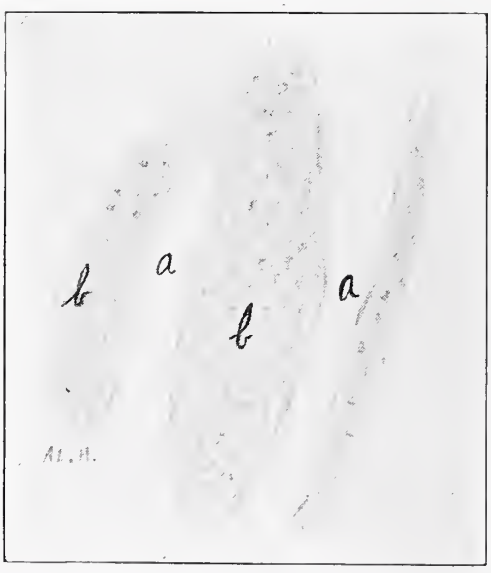


Fig. 3. Acini filled with cells which are compressed by the dilated capillaries forming the walls of the acini, until the cell outlines are destroyed, giving the appearance of large cells with many nuclei; a, a,—dilated capillaries; b, b, cells with distinct nuclei but with outlines of body obliterated.

there are also wide bands of loose, fibrous tissue, containing many capillaries, the latter dilated in places to the size of good sized arterioles, but having only the endothelial wall of the capillary vessel. Figure 1, taken from a typical field, illustrates the arrangement of these soft bands, as well as the dilated capillaries. The cells within these fibrous capsules are moderately large, have deeply stained nuclei, and both the cytoplasm and nuclei show a distinct reticulum; that of the nucleus being coarse and easily seen, while that seen within the protoplasm requires a high power to bring it out clearly.

Towards the periphery of the cell mass (Figure 2) the cells are arranged in acini, whose walls are formed of delicate capillaries or very thin strands of fibrous tissue. Some of the cells are columnar, being arranged along the capillaries in much the same relation as epithelium is placed upon its basement membrane, while in many places the cells have no regular form but are always grouped around capillary vessels or thin, fibrous tissue threads, which run through the cell mass. The acini formed by these capillaries and fibrous threads run, in some instances, parallel to each other, forming vertical rows of cells when cut in their long axis, or round or oval acini when cut transverse; while in other cell masses the acini run in various directions and the section will present acini cut lengthwise, transverse and oblique. Some of the groups have such a regular arrangement as to suggest strongly a glandular arrangement instead of a tumor.

The central portions of the cell masses (Figure 2) present on casual examination a different structure to that just described, but when studied more carefully I think good reasons are found for considering the arrangement the same as the periphery and the different appearance is due, I believe, to presure of fluids within the capillaries, bringing about dilatation of their delicate walls and compressing the cells enclosed in the acini until their individual outlines are destroyed, produeing an appearance of large cells with many nuelei. Figure 3 illustrates the appearance of which I am now speaking and it will be observed that each large cell with its numerous nuclei is enclosed within a capsule of capillaries just as we have seen the cells of acini are surrounded by capillary vessels in the outer zone. It seems to me reasonable that pressure upon these cells by fluids within the surrounding capillaries would account for this change of appearance, and this is further proven by the fact that these cells are degenerating—a natural result of pressure.

The central portion of the main tumor has undergone degeneration to the extent of destroying its structure. Its general appearance and resemblance to the gross appearance of the balance of the growth leads me to believe that its histology is the same as the peripheral portion. Doubtless the pressure that has crowded the cells together in the central portion of the peripheral masses, starting degenerative processes there, has brought about the more advanced degeneration in the center of the tumor.

There will be a midwinter meeting of the Board of Councilors, Board of Trustees and the Committee on Public Policy and Legislation at Waco, Tuesday, January 12th. The Central Texas Medical Association will be in session January 12th and 13th. Important matters concerning organization, legislation, etc., will be considered, and it is hoped that all members of these important bodies of the State Medical Association can be present.

TREATMENT OF EXTENSIVE BURNS.*

BY

E. J. NEATHERY, M. D.,
SHERMAN, TEXAS.

Burns and scalds are the most common surgical conditions we are called on to treat, yet very little advancement has been made in their treatment the past decade. I will speak of burns and scalds under the general head of burns, as they differ only as to causation and appearance, and will adhere to the old classification of burns of the first, second and third degree, while the Dupuytren's classification of six degrees may be more scientific.

Authorities all seem to agree practically as to pathology, but many are at variance as to causation of death in the first few hours after the receipt of excessive injury of this character. When a case results in death in the first few hours, it is doubtless due to shock, augmented in a greater or less degree by the retention of the effete material that should, and would, have been eliminated by the skin had it remained normal. If death occurs after reaction, it may be due to congestion of the internal organs, produced by reflex vasomotor, paresis, or more often from congestion, resulting finally in active inflammation of the mucous and serous-lined organs, such as the bowels, lungs, kidneys, pericardium, etc. It is fully agreed that burns of a superficial nature are more fatal than those which are deeper with a less area involved, and that extremes of life and alcoholics stand these injuries poorly. Burns of the thorax are more apt to be fatal, owing to shock being greater, and few live when as much as one-third of the body is involved.

After the receipt of an injury the tissue should be rendered as aseptic as possible, but let me add that the infection is not so much from an internal source as from the skin itself, and does not demand that amount of scrubbing that has been advised by many. After this gauze may be applied, saturated in a boric solution or some simple non-toxin antiseptic, which when absorbed will not add to the toxins with which the system will soon be laden. This gauze should be covered with paraffin paper, oiled silk or rubber tissue, and an evenly applied bandage over this. This dressing should be used for the first few hours until shock and pain is relieved. After this a plan should be put in execution that, in my opinion, has no parallel.

It is a well-known fact that a burn of a slight degree will close the sweat glands, for a time at least, through which much poison is eliminated from the body; also that the blisters will open and expose the capillaries, converting what was an organ of elimination into one of rapid absorption. The serum, when a blister exists, is an ideal culture medium for the various germs that abound in countless millions in the cutaneous system of every individual. No one knows so well as the general surgeon the death-dealing nature of the inhabitants of the follicles of the skin. With this culture medium, warm and fluid, which gives us every condition favorable to germ life, with the myriads of pests exposed, and with the open-mouthed capillaries ready to swallow up and grasp everything in reach, it is only a short step to a system laden with toxines of deadly character. The old plan of having the dressings changed every twenty-four or forty-eight hours not only increased the infection but held the poison in contact with the skin for its rapid absorption, to say nothing of the odors that emanated therefrom. How to prevent this condition, and keep the system in a state as favorable to health and healing as possible, is the question.

One who has visited and followed some of the surgeons of New York, especially those connected with St. John's Hospital, has doubtless been struck with the open treatment of surgical wounds of the face, so successfully employed, the claim being that dressings are too apt to promote germ culture. Germ life can not remain long active in dry surroundings, especially in an antiseptic powder, moisture being the natural and necessary medium for their propagation. The plan is to control pain and shock, as above stated, for the first few hours, after which remove all clothing, as well as dressing, and place the patient on a good firm mattress, over which a rubber sheet, covered with a linen one, has been spread. Over this place a frame in the shape of a wagon cover, best made of wire, which should be easily removed, leaving plenty of room for the patient to move with entire freedom. Take some antiseptic powder, my choice being one part of compound stearate of zinc, and sprinkle over the wounds freely from a large can made like a pepper box, repeating this procedure every hour or so until all parts are covered and a good quantity is on the sheet. In allowing the patient to move at will, the blisters will soon break and rub off, to have a goodly supply of powder taking its place. Scabs will be formed, to be rubbed off again and will reform, largely from the ever-ready powder, which must be abundantly supplied.

The first few hours the bed may be unsightly, but soon all wounds will be dried and the patient entirely comfortable, free from fever and pain, and will go on to a speedy and complete recovery. It is truly surprising how the temperature will drop to normal and remain so under this plan of treatment. It will be necessary at first to change the sheets often, but in a few days, every forty-eight hours will be sufficient. The patient can be kept warm, if the weather is cold, by an abundance of cover, or by an alcohol lamp hung from the frame under the cover. These cases may be treated with the sheets spread next to the body, provided it is not convenient to secure the frame. The propagation and absorption of germs and germ elements will soon be corrected, and the system will be spared the surcharge of the poisons which so much retard recovery, and only the autointoxication will have to be combated, which may be accomplished by stimulating the emunctories and sustaining the system.

I have treated a number of cases in this manner in an entirely satisfactory way, but beg to report my first case:

On September 23, 1907, S. E. L., a machinist, while repairing the flues in a firebox of an engine, loosened one of the flues, causing the steam to pour out in a great volume. In crawling out, a wrench in his hip pocket caught in the door, and he was held there so long that his companion, who was behind him, was so scalded that he died in a few hours. He came on a special train 100 miles and was placed in the hospital, an ordinary gauze dressing having been applied. He was burned from first to third degree over the entire body, with the exception of an area over each shoulder, extending over in front, down one arm to the elbow, and the top of his head, also the plantar aspect of one foot. After twenty-four hours, his pulse was very rapid, temperature 104, and while he had reacted, death seemed imminent. Having talked with Dr. Hogeboom of the Friseo General Hospital of the value of the open treatment, I decided we had all to gain and nothing to lose, so determined to try the open method on this case. He was placed in bed, as described above, the only exception being that we did not use the wire frame, but

*Read before the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

allowed the sheet to remain in contact with his body. We applied the powder every two hours, day and night, for the first two or three days, after which once or twice a day was sufficient. In twenty-four hours the wounds were becoming dry, temperature began falling, and with the general improvement of pulse, the patient became conscious and remained so until recovery was complete. The surprising part is that no opiates were needed after the first three days and the patient went on to an uninterrupted recovery. On November 31st he was able to return home with even the burn of the true skin entirely healed. Fortunately, for him, the burns of the third degree, while numerous, were not large. Some little trouble was experienced with a tendency to contraction, but, the patient being very intelligent, this was overcome very easily by his own efforts.

I advocate this method only in burns of extensive degree and not to burns of small area.

MISCELLANEOUS.

DESIRABLE MEDICAL LEGISLATION.

The Thirty-first Legislature will be asked to provide for Texas a State Board of Health with funds and power to adequately protect the public. A bill for a Board of Health, very similar to laws now in force in other States and like that submitted to the Thirtieth Legislature, will be introduced in our Thirty-first Legislature. There has been such a public awakening to the needs of public health protection that it is hoped the bill, which has received the careful consideration of the Legislative Committee, will prove popular with the legislative body. The bill providing for a Sanitarium for Poor Consumptives, which was published in our issue of August last, will likewise be introduced. Admission to such a sanitarium can be carefully guarded and limited to *bona fide* residents of Texas. The medical profession of this State should immediately write and personally, if possible, impress their representatives with the importance of these two measures.

TEXAS MEDICAL CARTOONS.

The cartoons published in the December JOURNAL, showing the interest of daily papers in public health work, created so much favorable comment that we reproduce herewith two more which appeared in December.

The sale of red cross stamps for the benefit of the Anti-Tuberculosis Society in the various cities of Texas has been somewhat proportional to the interest shown by the newspapers. *The Fort Worth Star* has been especially active in urging the sale of these stamps.

Fort Worth Star.

Houston Post.

A GENERAL PLAN FOR A SCHEDULE OF MEDICAL FEES.

BY

J. N. McCORMACK, M. D.,

BOWLING GREEN, KY.

I have long held up the opinion that it was feasible to frame a plan for a schedule of medical fees which could easily be modified, as to the amount of the charges and other details, to meet the conditions and needs of almost any county or locality in any section of the country. As the plan I have in mind would be for the information, guidance and benefit of the public quite as much as of the profession, it involves conferences and a full understanding with the people of the community beforehand, as well as the fullest possible publicity afterward, through the public press, placards in each office, and otherwise, the explanatory footnote being made an essential part of every publication.

One of the main difficulties about this in the past has been the almost universal, but wholly erroneous, opinion and insistence on the part of both profession and laity that all the physicians of a community have an equal value and should make the same charge for their services. We know full well, and in a way and to an extent that the people can not, that nothing could be further from the truth. Because of the faulty system of medical education, loose medical laws, and lack of local organization and incentives to study, in vogue in this country until recent years, there are regularly licensed physicians in almost every community in the United States, in cities and towns quite as abundantly as in the country districts, who are well paid for all they know or can do for their patrons when they receive anything, and I insist that the time has come for us to deal frankly and openly with each other and the public about this and all other matters of common interest. It is essential to the success of such a plan, too, that we abandon once and forever the antiquated notion of penalties for those who do not live up to the schedule, or blacklists for those who do not pay for services. Such hateful methods are contrary to the spirit and purposes of real

ganization and, in the very nature of things, can only be productive of misunderstandings and odium.

I have made rate-cutting and cheap doctors a matter of special study in every section of the country for years, and have come to have much sympathy for this class. On getting down to bottom facts, I have always found that they charged less for their services because they honestly knew, better than any one else did or could, that they were worth less than their competitors, and that this was their only chance to obtain or hold practice. There may be exceptions to this, but I have never found one that would bear investigation. They have my sympathy for another reason. As with the division of fees and commissions, contract and lodge practice, the use of proprietaries and nostrums, and similar mistaken practices and policies, all more hurtful to the people than to the profession, the fault is far more with the schools which pretended to educate these men than with them. In fact, without proper instruction about these matters during student life, so as to make it a part of their very being, just as important to the future physician and his patrons as instruction in anatomy or physiology, and sometimes with bad examples from their teachers to start them in the wrong direction, the wonder is that more of them do not do worse. These are just the men who most need the uplifting influences of county societies and postgraduate courses, they are actual entities with which we must live, associate or contend, and with tact and judgment many of them can be made competent. To suspend or expel them is far more of a punishment to their innocent patrons than to them, and it destroys the only chance of reclaiming them.

What is first and most needed in dealing with this class, for their own good as well as of the people, is to raise their earning capacity, to make them better practitioners and better men, by means of consistent, persistent postgraduate study, and by the influence and example of the higher grade members, in every county society and in such intercourse as comes in daily practice, and then in leading them to the adoption of systematic business methods and aiding them in other ways in securing better compensation. If we could substitute common sense plans of co-operation, the idea of a real community of interests, of practical, kindly helpfulness, such as is common between lawyers, in the place of the habit of fault-finding, jealousy and aloofness which is still as easy to find as it is disgraceful between the physicians of many communities, the difficulties of this entire problem would be reduced to a minimum.

The county societies and postgraduate courses furnish the facilities for doing the scientific and social features of this work. For the business side of it I am advising that the profession in each county or city consider the advisability of arranging for systematic monthly collections, with a carefully selected business representative, and a centrally located "medical collector's office," the collector to be under bond, and on a definite salary, and with authority to appoint as many assistants as may be necessary, for whom he is responsible, very much as sheriffs and city collectors do. The collector should be a man of tact and judgment, he should hold the affairs of each physician as strictly private and confidential, and he should be well paid. This plan should not be tried anywhere until good scientific work is well under way and a spirit of harmony secured, until all of the details have been worked out with the kind of business representatives indicated, and until public sentiment is prepared for it. Even in large cities the plan is worthy of consideration for colony and office buildings, wards or other convenient groups, if it can not be made available for the entire profession. It will not be easy to do these things in any community, in fact, it is never easy to do any important reform work which is worth doing, but with such preparatory work as has been suggested, and with tact and judgment in the earlier steps, I am convinced that the plan could be made as pleasant and convenient for the people as it would be helpful and profitable to the profession.

In most parts of the Northwest and on the Pacific Coast the rate of charges sanctioned by custom is sufficient to sustain a competent and equipped profession, but in many sections of the Eastern, Middle and Southern States, outside the large centers of population, and for a large part of the profession in them, all except the surgical fees are wholly inadequate, and this is operating to the disadvantage of both the profession and people now in a way unknown to our forbears. This country in recent years has passed through an era of most remarkable prosperity, but physicians and other professional classes have not shared in it. With the cost of living almost doubled, and the cost of equipment for modern practice quadrupled, the income of medical men, except surgeons and specialists, has remained about stationary. Properly interpreted, poverty in the profession, and the lack of equipment and practical incompetency inseparable from it, is just as important to the public as to us, and the subject should be boldly discussed in public meetings and in the periodical and daily press until this real, positive danger to the people is a matter of common knowledge. Not only the higher standard of competency, but the increased usefulness of the profession in other ways should be made plain. It now probably does more real charity than all the other vocations combined, but the generous support to which it is entitled, and which is demanded by the highest humanitarian interests, would enable it to do a systematic, intelligent, discriminating relief work which is now impossible. To an extent not dreamed of by the laity, or even by many in the higher ranks of the profession, a large per cent of the physicians in this country, in cities and towns as well as in the rural districts, on account of poverty and the pressing needs of their own families, are daily forced to take what is almost blood-money from a class of widows, teachers and working-women, in their times of affliction, whose incomes are so scanty when well, that it would and should be an honor and a pleasure to make them the special wards and beneficiaries of a properly supported profession.

The opportunity has come to me to study this whole question as no other man probably has ever been able to do. I am giving the results of this broad experience in my public talks every evening, and find, in the lay discussion which follows, that the people can be made to appreciate our difficulties and their dangers quite as readily as can the profession. In truth, unpleasant as is the admission, the trouble is with us and not with the public, as is true in regard to almost every other evil from which we suffer. If the physicians competing for the same practice in every section of the United States could really get together in all these matters, and then take the people into their confidence, the balance would be comparatively easy, as there are not enough of them to do the practice if every patient was given the time, and the kind of scientific examination and treatment, to which they are entitled.

For many reasons, any schedule intended for general adoption should cover only the ordinary fees for general practitioners and non-operative office work. Surgical fees are usually the subject of special arrangement, and, anyway, they vary to such an extent that an attempt to include them would give the public an exaggerated and misleading notion of what is received by the ordinary surgeon, or by any of them except under extraordinary circumstances, and would do more harm than good. As a rule, too, surgeons and specialists are better paid and are well able to take care of themselves. Besides, my experience has convinced me that it is in the field of general and office practice, with the hard-worked and underpaid ordinary practitioners, that the pressing need for reform exists.

For obvious reasons the schedule should be adopted by the profession as a whole, or as individuals, and not by the county society. The provision in the by-laws forbidding such action by the societies was inserted after careful consideration, was certainly wise under the conditions then and still existing, and probably should be permanently retained. The membership in most societies embraces only about from one-half to three-fourths of the physicians of the county. While it is probable that all, including the former sectarians, will finally come in, this will be the work of years, and although not absolutely essential, it is important that the schedule be agreed to practically by all of the active physicians of the jurisdiction, whether members or not. Besides, this has been one of the most fruitful sources of discord in societies in the past, often provoked by those who took least interest in the scientific proceedings.

With all the foregoing considerations in mind, and after the matter has been fully discussed with the people, the schedule and footnote, in their main features, are suggested only as the basis for discussion. The rate of charges will seem too high for some sections and entirely too low for others. I am proposing about what, in my judgment, would be fair and equitable at the present cost of living and equipment in the central, middle, western and southern States, but, of course, the exact fees and other details must be arranged for each community in accordance with what is deemed just and proper. The rates should not be too hard and fixed. There are people of moderate circumstances in almost every community, factory operatives and others, who ought to pay some-

thing, and yet should not pay full fees, and a wise discretion on this and similar points must be provided for in any plan which is to be comprehensive and successful.

The order of arrangement and the items of practice included are as seems best suited for most counties and communities, but the purpose is to make it so simple and flexible that it can be altered to suit varying conditions and views. For instance, if it is thought best, fees for fractures and dislocations, or any other surgical or special work, can be easily added. It will be noted that a broad distinction is made between ordinary and complete office examinations, including a thorough examination of the chest, urinalysis and other like work involving extra time and skill. My own opinion is that a double charge should be made for night practice for well-to-do people, but I have yielded to the views of others on this point. Telephone practice is so annoying, exacting and unsatisfactory that it certainly should be paid for except where regular visits are being made, and in all cases after bed-time. Consultations are purposely made low in order to develop and encourage this variety of practice.

The form of schedule suggested and the footnote, as they should go on the placard, are as follows:

SCHEDULE OF MEDICAL FEES FOR ———————— COUNTY.

1.	Day visit in town	$ 2.00
2.	Night visit in town	5.00
3.	Day visit in country, first mile, $2.00; each after mile, one way	1.00
4.	Night visit in country, first mile, $3.00; each after mile, one way	1.50
5.	Ordinary office examination and advice	1.00
6.	Complete examination and advice	5.00
7.	Advice or prescription by telephone	1.00
8.	Obstetric case, uncomplicated, not over 6 hours	15.00
9.	Life insurance examinations	5.00
10.	Consultation	10.00
11.	Surgical and other special fees as may be arranged.	

EXPLANATORY NOTE.

This schedule of fees is purely advisory. It is arranged and published for the information and guidance equally of the profession and people. It is intended to suggest the fees for ordinary services by competent physicians, for those fully able to pay their bills. It in no way applies to practice for the deserving poor, of which all agree to do their full part. It may be that physicians who are less competent will feel that they should charge less for their services. This is recognized as just, and to do so will in no way affect either their society membership or professional standing. It is especially important that these less fortunate members should have the benefit of the postgraduate study courses and other scientific work of the county society, which are free to all, for their own good as well as that of their patrons, and regular attendance at these meetings should be made a condition of continued employment. Night fees are made higher for many reasons, but more especially to give time for such study and society work as is essential in keeping a physician competent to practice with safety to the people.

For the convenience and benefit of both the profession and its patrons, systematic monthly collections, in so far as possible, are requested in the future. It is believed that it will be more satisfactory to families to settle their accounts while they are small, and while they remember and are grateful for the services, and it will enable physicians to keep equipped for far better service.—*Journal A. M. A.*, November 28, 1908.

ANNOUNCEMENT OF THE NEXT REGULAR EXAMINATION OF THE TEXAS STATE MEDICAL EXAMINING BOARD.

HONEY GROVE, TEXAS, Jan. 1, 1909.

NOTICE OF EXAMINATION.

The regular semi-annual examination of the Texas State Board of Medical Examiners will be held in Cleburne, Cleburne High School Building, June 22, 23, 24, 1909. All applicants should be present at 9 a. m., Tuesday, June 22d.

SCHEDULE OF EXAMINATIONS.

Tuesday.

9:00 to 10:00 a. m.—Inspection of Diplomas.
10:00 to 12:00 a. m.—Anatomy. 10 questions.
1:45 to 3:45 p. m.—Bacteriology. 10 questions.
Fifteen Minutes Recess.
4:00 to 6:00 p. m.—Chemistry. 10 questions.
8:00 to 10 p. m.—Gynecology. 10 questions.

Wednesday.

8:00 to 10 a. m.—Histology. 10 questions.
Fifteen Minutes Recess.
10:15 a. m to 12:15 p. m.—Hygiene. 10 questions.
1:45 to 3:45 p. m.—Medical Jurisprudence. 10 questio
Fifteen Minutes Recess.
4:00 to 6:00 p. m.—Obstetrics. 10 questions.

Thursday.

8:00 to 10:00 a. m.—Physiology. 10 questions.
Fifteen Minutes Recess.
10:15 a. m. to 12:15 p. m.—Pathology. 10 questions.
1:45 to 3:45 p. m.—Physical Diagnosis. 10 questions.
Fifteen Minutes Recess.
4:00 to 6 p. m.—Surgery. 10 questions.
Total, 120 Questions.

The order of examination can not be varied from in a respect, and every applicant who desires to be examined mu commence the examination on the morning of Tuesday, Ju 22d. No person will be examined on June 22d except tho who have made proper application on the blank forms issu by the State Board of Medical Examiners, and have paid t on or before June 10th. The fees paid will be returned t persons unable to appear for examination. But, unless the a plicant is prevented by illness from taking the examinati he shall forfeit the sum of $2 of the fee paid to defray t expense incurred in arranging for his examination. App cants are requested to provide themselves with paper 8½x and envelopes 4⅛x9½ inches in size, in which to enclose ea paper when finished. The application and fee must be sent the Secretary at Honey Grove. The applicant must prese his Diploma for inspection at the examination. The filing an application or the taking of the examination does n entitle applicant to practice, the only legal authority bei a certificate from the State Board of Medical Examiners, r corded in the District Clerk's office of county of residence.

M. E. DANIEL, M. D.,
Secretary and Treasurer.

FUND FOR PROTECTION OF PUBLIC HEALTH LAW

President Cummings has appointed as the committee to a minister the fund now being raised for the Protection of o Public Health Laws Hon. B. F. Looney, of Greenville, D James A. Hill, of Groveton, and Dr. W. M. Brumby, of Austi A list of individuals and county societies who have so far su scribed to this fund is given below:

Anderson county	$ 12.0
Austin county	6.0
Bowie county	17.0
Comal county	4.0
Deaf Smith county	5.5
Denton county	8.0
Franklin county	3.0
Grayson county	9.5
Guadalupe county	5.5
Hamilton county	10.0
Hardin county	6.0
Hopkins county	25.0
Limestone county	14.5
Mitchell-Scurry-Dickens-Kent county	6.0
Matagorda county	2.5
Madison county	6.5
Marion county	5.5
Milam county	11.0
Montgomery county	8.0
Robertson county	13.0
Rusk county	6.0
Stephens county	5.0
Starr county	12.0
Smith county	4.0
Travis county	27.0
Tarrant county	61.0
Titus county	5.5
Uvalde-Edwards county	7.0
Upshur county	3.0

Val Verde-Kinney county	$ 3.50
Waller county	3.50
Wharton-Jackson county	8.50
Dr. H. W. Cummings, Hearne	10.00
Dr. C. E. Cantrell, Greenville	10.00
Dr. W. L. Crossthwaite, Holland	10.00
Dr. M. E. Daniel, Honey Grove	10.00
Dr. M. L. Graves, Galveston	10.00
Dr. Jas. A. Hill, Groveton	10.00
Dr. J. S. Lankford, San Antonio	10.00
	$394.50

REPORT OF THE RESULT OF THE EXAMINATION FOR LICENSE TO PRACTICE MEDICINE HELD NOVEMBER 10, 1908, BY THE TEXAS STATE BOARD OF MEDICAL EXAMINERS.

66 applicants. 62 passed, 4 failed.

Name.	Home address.	School of graduation and year.	Per ct.
Alexander, Keeton	McMahon	Louisville H. M. C.-1908-R	78 1-6
Benson, C. W.	Monroe, La	Memphis H. M. C.-1900-R	86 7-12
Bartlett, Louis L.	Dalhart	Iowa State M C.-1895-R	90 1-6
Burleson, S. J.	Eden	Md. M. C., Baltimore-1905-R	80 3-4
Bell, E. M.	Sidney	U. of Nashville-1896-R	75
Caldwell, A. G.	Washita	Louisville M. C.-1893-R	90 1-12
Cass, J. Lee	Cameron	Atlanta C. of P. and S.-1901-R	81
Collins, A. B.	Hereford	Cleveland Homeo. M. C.-1895-H	90 5-12
Cummins, J. B.	Fort Worth	U. of Nashville-1897-R	89 1-2
Clinton, L. B.	Newsome	Eclec. U., Kansas City, Mo.-1905-E	75
Dye, Henry C.	Plano	Barnes M. C., St. Louis-1904-R	82 1-12
Davis, Calvin P.	Marshall	Howard U., Washington-1908-R	87 1-6
Davis, Ben	Dallas	Ky. School, Louisville-1908-R	78 1-6
Dicks, J. Monroe	El Paso	Med. Dept., U. of Ga.-1907-R	83 1-10
Dunn, G. W.	Palacios	Eclec. Med. I. of Cincinnati-1872-E	99 2 -
Dawson, G. W.	Channing	Ky. School of Med., Louisville-1894-R	75
Emanuel, H. J.	El Paso	U. of Minn., C. M. and S.-1908-R	85 1-2
Ellis, Walter D.	Plano	Vanderbilt U. M. D.-1894-R	92
Edrington, D.	Boxelder	Memphis H. M. C.-1906-R	75
Freeman, R. M.	Dallas	Baylor U. M. D.-1907-R	84 1-6
Grounds, B. F.	Blue Ridge	Louisville M. C.-1893-R	84 1-3
Hunt, Thos. E.	Abbott	U. of Louisville, M. D.-1908-R	85 1-3
Hutchison, J. L.	Tiptonville, Tenn	Vanderbilt U.-1889-R	91 1-2
Hooks, S. W.	Navasota	Meharry-1908-R	81 1-3
Hastings, Seth G.	San Antonio	Pulte M. C., Cincinnati-1877-R	75 3-4
Haggard, Douglas	St. Louis, Mo.	U. of Tenn.. Nashville-1898-R	90 1-2
Hays, P. G.	Bibb	U. of Arkansas, M. D.-1901-R	83
Haizlip, John H.	Nederland	C. of P. and S., Baltimore-1897-R	95 1-6
Hart, Jim M.	Hobbs	Memphis H. M. C.-1891-R	75
Irbysmith, Wm. M.	Amarillo	G. W. U.. Washington-1908-R	93 1-2
Jasper, W. C.	Plano	O. M. C., Cincinnati-1889-R	92
Koontz, L. A.	La Coste	Col. P. and S., Baltimore-1898-R	80 5-6
Lown, Harold L.	Abilene	U. of Mich., Ann Harbor-1904-H	87 5-12
Leavell, R. B.	San Angelo	Tulane U., Med. Dept.-1899-R	92 3-4
Lytal, S. W.	Quinlan	Chattanooga Med. Col.-1905-R	75 1-12
McBride, J. H.	Como	Tulane U., Med. Dept.-1891-R	86 1-3
Matthews, J. F.	Alta Loma	Starling, Ohio M. C.-1898-R	95 3-4
Morford, J. H.	Guymon, Okla	U. of Sou h, Sewanee-1907-R	83 1-6
Ozier, Jas. B.	Henderson, Tenn.	Vanderbilt U.-1900-R	85 2-3
Parish, C. C.	Mineral Wells,	Md. M. C., Baltimore-1907-R.	79 1-6
Pumarejo, Alfredo	Brownsville	National S. M., Mex.-1905-R	86 1-2
Paschal, J. S.	Stout	Memphis H. M. C.-1889-R	75
Quinn, W. J.	Iola	Barnes, St. Louis-1896-R	83 7-12
Rice, Roy	Plano	Md. M. C., Baltimore-1908-R	84 5-12
Robinson, Mrs. Thena	Bethany, La	Baylor U., Dallas-1905-R	76 7-12
Rees, H. Clay	San Antonio	Louisville M. C.-1889-R	85 1-6
Rhodes, Luther F.	Tarrant	Memphis H. M. C.-1898-R	91
Richards, G. C.	Dilworth	U. of Nashville-1868-R	91 2-3
Saunders, R. W.	Hale Center	U. of Maryland-1892-R	89
Satterlee, Nettie E.	El Paso	Amer. S. Osteo.-1908-O	80 1-6
Satterlee, Flora L.	El Paso	Amer. S. Osteo.-1908-O	82
Stark, Harry H.	El Paso	Marion Sims, St. Louis-1896-R	95
Shuford, Felix B.	Wolfe City	U. of Ark., Med. Dept.-1898-R	92 3-4
Sutton, Julian R.	Dallas	U. of South, Sewanee-1904-R	84 1-3
Thomas, Herschel G.	Handley	U. of South, Sewanee-1900-R	76 5-12
Tsukahara, Kinya	Dallas	Baylor, 1906, and "Saise," Japan-R	92 1-2
Vaughan, Edwin P.	Hillsboro	U. of Louisville-1908-R	93 4-5
Wright, H. F.	El Paso	Still C. of Osteo., Des Moines-1907-O	81 2-3
Wall, Samuel D.	Slaughter, La	U. of South, Sewanee-1901-R	95 1-4
Weems, Houston K.	McKinney	U. of South, Sewanee-1908-R	81 5-12
Whitley, E. R.	Commerce	Ga. C. of Eclec. M. and S.-1905-E	84 1-6
Williamson, J. L.	Martins Mill	U. of Nashville-1907-R	76 1 2

The following applicants failed:

No. 18—Kansas City Medical College, 1903, R., 73 5-6.

No. 40—American School of Osteopathy, Kirksville, Mo., 1907, O., 69 11-12.

No. 63*—Application incomplete, R., ——

No. 58*—Meharry, M. C., 1907, R., ——

TEXAS STATE BOARD OF MEDICAL EXAMINERS.**

This certificate must be recorded in the district clerk's office in county in which applicant intends to reside before he or she offers to practice medicine in the State of Texas.

The holder of a certificate must have the same recorded upon each change of residence to another county.

*Withdrew after taking first branch.

**One of these is given with each certificate.

Non-residents should record in some county as soon as practical after receipt of certificate. If not presented in person the following affidavit, together with one dollar, recording fee, must accompany certificate before it will be recorded.

AFFIDAVIT.

State of....., ...County.

This day personally appeared before me, the undersigned authority, Dr. ....., who, being duly sworn by me, deposes and says that he is the owner of the accompanying medical certificate, issued by the State Board of Medical Examiners of Texas, dated....., 190.., numbered....., and that his age is.....years, post-office address....., place of birth ....., school of practice.....

.....

MARQUIS E. DANIEL, M. D.,
Secretary and Treasurer.

INSURANCE NOTES.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR INSURANCE EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Edwards.	Jones.	Potter.
Bandera.	Erath.	Karnes.	Rockwall.
Bastrop.	Fannin.	Kaufman.	Roberts.
Blanco.	Fisher.	Kendall.	Robertson.
Bosque.	Floyd.	Kerr.	Runnels.
Briscoe.	Franklin.	Lampasas.	San Augustine.
Burnet.	Gillespie.	Lee.	Sherman.
Caldwell.	Gonzales.	Leon.	Smith.
Cass.	Grayson.	Lipscomb.	Stephens.
Camp.	Guadalupe.	Lubbock.	Stonewall.
Childress.	Hale.	Madison.	Swisher.
Clay.	Hartley.	Martin.	Titus.
Colorado.	Haskell.	Medina.	Travis.
Collin.	Hamilton.	Midland.	Upshur.
Comal.	Harrison.	Milam.	Uvalde.
Cooke.	Hemphill.	Montgomery.	Van Zandt.
Dallam.	Hill.	Morris.	Wilbarger.
De Witt.	Hopkins.	Newton.	Williamson.
Eastland.	Howard.	Nolan.	Wood.
Ector.	Jasper.	Ochiltree.	Young—83.
El Paso.	Johnson.	Orange.	

NEWS.

Dr. Conley Loses Home.—The residence of Dr. J. H. Conley, of Greenville, burned December 9th, together with its contents. The loss amounted to over $3000, and was partially covered by insurance.

Dr. S. A. Foote Appointed Councilor.—President Cummings has recently appointed Dr. S. A. Foote, of Bay City, as councilor of the Eighth district, to succeed Dr. W. A. McCamley, of Wharton, recently deceased.

New President of Homeopathic Association.—Dr. H. B. Stiles, of Waco, who was recently re-elected president of the Texas Homeopathic Association at the last annual meeting of that body at Waco, has resigned, and Dr. W. L. Smith, of Denison, has succeeded to his office.

The Twelfth or Central District Society will hold its next meeting in Waco, January 12-13, 1909. A large attendance is expected. The mid-winter meeting of the councilors will be held at this time. It promises to be the most important meeting of the Society ever held. An interesting program has been prepared.

The Third or Panhandle District Society will meet in Memphis, January 12, 1909. An unusually good program has been prepared and there is promise of a splendid meeting. A number of prominent physicians from other parts of the State have signified their intention of being present. In addition to the regular program a public meeting will be held.

A New Bunco Game.—Two men at Wharton, Texas, were arrested, charged with representing themselves to be agents

of the State Health Officer. They had been in Wharton several days, disposing of an insect exterminator and a disinfectant, claiming to be acting under the supervision of the State Health Officer. They had ordered a number of people to clean up their premises, and advised the buying of the disinfectant they were selling.—*Houston Post.*

The Colorado Sanitary Association is a new society at Colorado, Texas, with 600 members. Incidentally methods of preventing contagious diseases in general will be taught, though practically it is an Anti-Tuberculosis Association. The success of the work is attributed to Councilor N. J. Phenix, of the Big Springs District. The first work to be done by the association will be the distribution of literature suitable to the objects of the organization among members and the general public.

Texas Held as an Example.—President Roosevelt's recommendation in his message to Congress that there be a redistribution of certain government bureaus for the purpose of unifying the national health administration has been approved by the American Medical Association through its committee which met in Washington, December 11th. Formal indorsement was made of the Texas Anti-Tuberculosis Society, which was commended as an example for other States to follow.—*Houston Chronicle.*

Milk Pasteurized for Hogs.—Professor Westbrook states that in Minnesota the butter is uninspected, but the skim milk, after the butter is taken out, has to be pasteurized to conform with the law, in order to save the lives of the hogs and calves to which it is fed. The butter, which contains the same germs in larger quantity, is not pasteurized, and is eaten by human beings, who unfortunately, from a hygienic standpoint, have no market value in this country since the emancipation proclamation.—*American Health.*

New and Non-Official Remedies.—The following articles have been tentatively accepted by the Council on Pharmacy and Chemistry:

Soloid Mercuric Potass. Iodide (Burroughs, Wellcome & Co.).

Soloid Nizin (Burroughs, Wellcome & Co.).

Tabloid Coffee Mint (Burroughs, Wellcome & Co.).

Bismuth and Iron Citrate (Burroughs, Wellcome & Co.).

Bismuthal (National Pharmacy Co.).

Prescriptions Under the Georgia Prohibition Law which call for alcoholic ingredients must specify standard tinctures and pure alcohol. Prescriptions containing whisky and other alcoholic beverages such as brandies and wines can not be filled by the druggist. Whenever a prescription calls for alcohol, the druggist must, on filling the prescription, take it to the Ordinary, which officer corresponds about with our Judge of Probate. The druggist pays a 10c tax on the prescription, and files it with the Ordinary, thus preventing the refilling of the prescription.

Life Membership in Texas Anti-Tuberculosis Association.—Appropriating $100 for a life time membership in the Texas Anti-Tuberculosis Association, Post D, Travelers' Protective Association, placed itself on record as one of the most up-to-date and progressive organizations of its kind in the State. This makes an interesting chapter in the fight for better health in Texas. The amount was forwarded at once to Dr. L. B. Bibb, Secretary, Austin. The Post adopted resolutions commending the work done by the Anti-Tuberculosis Association.—*San Antonio Express.*

Swindling Charges Against Fake Doctor.—In San Antonio a man representing himself to be a "cure-all" doctor, was recently arrested. He was wanted in both Wilson and Karnes counties for swindling. He will be tried first in Wilson county where he is charged with practicing medicine without a license. It was his custom to drive through the country making the small towns in a "coach and four," and gained no small amount of notoriety, boasting to be able to cure chronic maladies with his matchless medicine. He even went so far as to declare that he expected to build a railroad through that section of the country. He is in jail at Floresville.—*San Antonio Express.*

Full Crew Law Invalid.—In his verdict, which made the full crew law invalid, Judge Williams took the position that the caption did not clearly define the substance of the law, as is enjoined by the Constitution. He gave a long list of authorities to substantiate his decision. The case will be carried to the Supreme Court, and if a rehearing is refused, a amended caption will be presented to the coming Legislature The American Federation of Labor is very anxious for the law to be in force. The invalidating of the law will throw 5000 men out of employment.—*Houston Chronicle.*

This matter is one which interests the medical profession as the exhaustion of men overworked plays an important part in the accidents of railway service.

San Antonio Public Schools Equipped With Remedy Boxes—Schools in San Antonio are now supplied with boxes containing first aid to the injured remedies and appliances Children in the San Antonio public schools who become suddenly ill, or are injured at play are to receive first aid the injured out of an emergency box prepared by physician One of these boxes was sent to each school and placed in the principal's room where it can be had in cases of emergency The principals have received lectures and instructions from Dr. Kemp upon the use of the medicines and instruments contained in the box. The box contains spirits of ammonia and camphor, antiseptic tablets and bandages, absorbent cotton Red Cross gauze, court plaster, besides a pair of tweezers, medicine dropper, a scale, and other instruments. A smaller and less complete box was used to advantage last year.—*San Antonio Express.*

Hazen's Theorem.—Allen Hazen has formulated the theorem that for every death from typhoid fever prevented by the purification of public water supplies, two or three additional deaths from other causes are prevented. To put the matter upon an economic basis; if, for example, the City of Pittsburg should by reason of having installed a new system of municipal water-filters, prevent one hundred deaths from typhoid in a year, two or three hundred deaths from other causes would also be prevented by the same means. Such a saving of life would equal the saving of two million dollars instead of a half million, the loss entailed by the typhoid deaths alone Professor Sedgwick and Mr. Scott MacNutt, of the biologic department of the Massachusetts Institute of Technology state that their observations, presently to be published in detail, corroborate Hazen's estimate, which, they assert, is conservative one.—*American Health.*

Army Immunization Against Typhoid—A board of medical officers, headed by the Surgeon-General of the Army, and including besides Captain Russell, the bacteriologist of the Army Medical School, a number of eminent civilian physicians and members of the Medical Reserve Corps, met in Washington, D. C., lately to investigate the advisability of immunizing the regular army, and in case of war, the volunteer army, against typhoid. The question of vaccination against typhoid has been under consideration for some time, and Captain Russell was sent to Europe to study the matter. He recently returned and made a favorable report, and the appointment of this board is the outcome. Typhoid fever the greatest danger which threatens the efficiency of troops and the appointment of this board marks an era in the history of the Medical Department of the Army, showing the intention of the authorities to make use of the best medical talent in solving this extremely important problem.

State Board of Medical Examiners' Notes.—The following physicians have secured reciprocity in Texas:

Wm. A. Braecklein, Missouri Medical College, certificate Missouri State Board, present residence, Amarillo.

Wm. I. Joss, Hahnemann Medical College, certificate Maryland State Board, present residence, Hereford.

Rebecca M. Evans, Northwestern University, certificate Illinois State Board, present residence, Denton.

Robert L. Bone, Vanderbilt University, certificate of Kentucky State Board, present residence, Houston.

Wm. Day Moore, Washington University, certificate of Missouri State Board, present residence, Kingsville.

Robert L. Owens, Hospital Medical College of Louisville certificate of Kentucky State Board, present residence, Amarillo.

Carl S. Frank, University of Iowa, certificate of Iowa State Board, present residence, Kiowa, Kansas.

The Tuberculosis Exhibit in Texas.—As an educational feature, the Tuberculosis Exhibit has created unbounded interest among the people in Texas. The press of the State has taken up the cause and in each town where the exhibit was shown favorable notices were given. During its stay in Houston, t

wo dailies of that city, the *Post* and the *Chronicle*, each gave om one-half column to full page notices daily, with illus- ations from the exhibit and original cartoons that were of ndoubted educational value. Much favorable comment has een heard about the exhibit and its managers, Messrs. Nel- ach and Wilkerson. It is reported that many new members ave been secured for the Anti-Tuberculosis Association rough the efforts of these gentlemen. The exhibit has been own in Dallas, Fort Worth, San Angelo, Brownwood, Waco, ouston, Galveston, and is now in Austin. Many other towns the State have expressed a desire to secure the exhibit, but e continuation of its travels seems doubtful on account of ck of funds in the treasury of the State Anti-Tuberculosis ociety.

The New Surgeon General of the Army.—Surgeon General 'Reilly will retire for age on January 14th next. Under his dministration many notable improvements have been made, mong them a larger force of commissioned medical officers, e nucleus of a reserve corps, an active corps and a reserve rps of trained female nurses and provision for a volunteer spital corps in time of war. Col. George H. Torney, Med- al Corps, U. S. A., who will succeed Sugeon-General O'Reilly, one of the most efficient medical officers of the Army, and is appointment is considered a good one. He was born in 350, appointed as first lieutenant and assistant surgeon, in 375; he reached the grade of colonel on April 23, 1908. He as in command of the hospital ship *Relief* during the Span- h-American war, and after the war he was commanding ficer of the Army and Navy Hospital, Hot Springs, Ark., of e First Reserve Hospital in Manila, and of the Army Gen- al Hospital, Presidio of San Francisco, and chief surgeon of e Department of California. His efficient service during d after the period of the San Francisco earthquake won gh commendations from his superiors.

DISTRICT SOCIETIES.

SECOND OR BIG SPRINGS DISTRICT.

The Jones County Medical Society met at Anson, December h with a good attendance. Program: "*Uncinariasis*," Dr. A. cK. Jones, Anson; "*Pneumonia*," Dr. D. L. Stephens, Anson. oth papers were freely discussed. The following officers ere elected for the following year: Drs. D. L. Stephens, nson, president; W. S. Dobbins, Stamford, vice-president; A. cK. Jones, Anson, secretary-treasurer; W. H. Kineaid, An- n, censor. The next meeting of the society will be held in tamford, January 12, 1909.

THIRD OR PANHANDLE DISTRICT.

The Dallam-Hartley-Sherman County Medical Society met ecember 8th. The following officers were elected for the com- g year: Drs. C. P. Brokaw, Dalhart, president; W. O. rown, Stratford, vice-president; Chas. Todd, Dalhart, secre- ry-treasurer; C. W. Thornton and J. A. Hedrick, Dalhart, W. Vermillion, Texhoma, censors; Hedrick, delegate; W. O. rown, alternate.

The Hardeman County Medical Society has elected the fol- wing officers for the ensuing year: Drs. J. B. Farrington, hillicothe, president; G. H. Johnson, Quanah, vice-president; . A. West, Quanah, secretary; G. W. Radford, Quanah, dele- te; R. L. Hargraves, Quanah, alternate; J. J. Hanna, A. J. all and R. L. Hargraves, censors.

The Swisher-Briscoe County Medical Society was organ- ed early in December by Dr. H. D. Barnes, vice-counelor of e Third Councilor District, with nine members. The follow- g officers were elected for 1909: Drs. H. D. Barnes, Tulia, resident; Mike C. Bell, Silverton, vice-president; J. R. Mil- rn, Tulia, secretary-treasurer; H. T. Clark, Tulia, S. O. ord, Kress, and J. Edward Crawford, Silverton, censors; Mike . Bell, delegate; H. D. Barnes, alternate. The society will eet the first Tuesday in each month at Tulia.

FOURTH OR SAN ANGELO DISTRICT.

The Lampasas County Medical Society held its regular uarterly meeting in Lampasas December 8th and 9th. The following officers were elected: Drs. J. D. Dorbandt, Lampasas, president; A. R. Ponton, Copperas Cove, vice-president; W. D. Frances, Lampasas, secretary; J. B. Townsen, Goldthwaite, delegate; F. W. Sorrell, San Saba, alternate; W. D. Biggs, Lometa; J. E. Dildy, Lampasas; J. W. Yeary, Lake Victor, censors.

THE FIFTH OR SAN ANTONIO DISTRICT.

The Bexar County Medical Society met in San Antonio, December 3d with about fifty members present. The annual election of officers resulted as follows: Drs. F. E. Young, San Antonio, president; C. E. R. King, San Antonio, vice-president; L. K. Beck, San Antonio, secretary; E. V. DePew, San Antonio, treasurer; J. H. Burleson and Russell Caffery, of San Antonio, delegates; B. F. Stout and W. E. Luter, of San Antonio, alternates. After the meeting a smoker was held.

The Gonzales County Medical Society met in regular session at Gonzales, December 7th. The society entertained the Councilor, Dr. W. A. King, of San Antonio, also the president of Bexar County Medical Society, Dr. F. E. Young. The officers elected for 1909 are Drs. J. H. McCaleb, Gonzales, president; J. A. Maness, Gonzales, secretary; Theodore Dorsett, Gonzales, delegate. An informal banquet was held.

District Personal.—Dr. L. A. Patterson and Miss Lula Miller, both of Utopia, were married December 10th.

SEVENTH OR AUSTIN DISTRICT.

The Lee County Medical Society met in Lexington, December 8th, with six members and two visitors present. A number of interesting topics were discussed. Dr. J. M. Johnson, of Giddings, read a paper on "*Diphtheria*." The election of officers for 1909 resulted as follows: Drs. J. M. Johnson, of Giddings, president; G. W. Southern, Lincoln, vice-president; W. E. York (re-elected), secretary-treasurer; F. H. Stout, Tanglewood, Claude Shaffer, of Gardner, and A. C. Conner, of Lexington, censors: Drs. Conner and Johnson, committee on public health and legislation; Dr. J. T. O'Barr, Ledbetter, delegate.

The Travis County Medical Society met December 12th in Austin and elected the following officers for 1909: Drs. W. A. Harper, Austin, president; V. Oatman, Austin, vice-president; G. M. Decherd, Austin, secretary-treasurer; T. J. Bennett, Austin, censor.

The Williamson County Medical Society met at Georgetown, December 9th, and eighteen members enjoyed a fine fish and oyster dinner. Program: "*Broncho-pneumonia*," Dr. W. L. Helms, Jonah; "*Septic Infection of the Extremities*," Dr. G. E. Henschen, Georgetown. Both papers were freely discussed. The resolutions of respect on the death of Dr. J. N. H. Huggins were adopted. The annual election of officers resulted as follows: Drs. C. C. Foster, Corn Hill, president; W. M. Schultz, Georgetown, vice-president; C. C. Black, Georgetown, secretary-treasurer; G. W. Foster, Georgetown, censor for three years, and D. M. Cook, Granger, censor for one year.

District Personal.—Dr. Joseph Roberts and Miss Georgia Talmadge, of San Marcos, were married December 6th.

NINTH OR SOUTHERN DISTRICT.

The Galveston County Medical Society was called together on December 5th for what the invitation called "*An Experience Meeting.*" There was no set program, but each of the number of members present was called upon to relate some of his recent clinical expriences. An interesting discussion of various phases of diphtheria and typhoid fever developed. Also the question of the relation of chronic ulcerative colitis to chronic interstitial nephritis was presented. In all this proved one of the best meetings of the year. The following were elected to membership: Dr. C. H. Wilkinson, Galveston; Dr. Frank N. Danforth, Texas City; Dr. James G. Flynn, Galveston; Dr. John T. Oliver, Galveston; Dr. Chas. P. Roberts, Galveston; Dr. L. R. Harris, Galveston.

The resignation of Dr. John B. Haden was accepted with regrets. The Society is making an effort to have every eligible practitioner in the county in its membership, with every prospect of success.

On Saturday night, December 12th, thirty of the doctors of Galveston county gathered together and went down the island to "Mike's" for an oyster roast. This was given in honor of the new additions to the profession. These are Dr. A. E. Austin, newly elected Professor of Chemistry and Toxicology of the Medical Department of the University of Texas, Dr. James Greenwood, formerly of Seguin, now Demonstrator of Medicine of the Medical Department, and Dr. Thomas Dorbandt, who comes from Lampasas to engage in practice in Galveston. Also as a guest of the Society, was present Dr. T. F. Moore, interne at John Sealy Hospital. During the partaking of the oysters and other refreshments, the evening was enlivened with characteristic speeches by Drs. C. W. Trueheart, Austin, A. W. Fly, John T. Moore, Danforth, and others. The oysters were fine, the talks entertaining, and the night ideal. All departed with many anticipations of a repetition of the event.

The Harris County Medical Society met in Houston, December 19th. The annual election of officers and a smoker were held. The doctors insisted on having a race for nearly every office. Before entering on the election of officers, Dr. W. W. Ralston, the retiring president, was called on for an address. Among the suggestions he offered, and which was afterwards adopted, was that the county dues be raised from $3 to $4 a year, and that eminent outside physicians be often invited to address the society. The election resulted as follows: Drs. W. M. Wier, Houston, president; J. H. Foster, Houston, vice-president; E. F. Cooke, Houston, secretary; O. L. Norsworthy, J. S. Hodges, censors; W. W. Ralston, delegate; H. E. York, alternate.

South Texas District Medical Society met in Beaumont, December 10, 1908, and was called to order by Vice-President J. M. O'Farrell, of Richmond, the President being out of the State. *The President's Address* by Dr. J. M. O'Farrell, "*The Shame of Texas*," dealing with the manner in which the State treats its insane citizens, was warmly received. A motion by Dr. J. E. Thompson, of Galveston, was adopted to have the address published in the prominent papers of the State.

Dr. J. H. Foster, of Houston, said the address was very timely and referred to his experience of three years and a half in insane asylums in the State and said that it was a common experience for patients to arrive at the asylums with their condition very much aggravated by the trial, long confinement in jail, improper food and lack of attention.

Dr. J. T. Moore, of Galveston, gave his experience of jails and said that it was rare to find a jail well kept. He also related an experience he had with a certain judge who, after hearing the testimony of himself and another physician in a case where the patient was undoubtedly insane, dismissed the jury and ordered the patient sent to St. Mary's Infirmary, and because Dr. Moore instructed the Sisters to refuse admittance to the patient, he was later arrested and fined $5 for contempt of court. (While Dr. Moore did not say so definitely, it was very evident that he considered $5 entirely too small an amount to fine him for the contempt he really felt for that court.) The fine was later remitted without any reason appearing on the docket why it was remitted.

Dr. Moore then moved "That it is the sense of this Association that there should be enacted a law that a board of medical men should be formed in every county to pass on the mental condition of suspected insanity cases." Motion carried.

Dr. Foster seconded Dr. Moore's motion and it carried unanimously.

Dr. H. A. Barr, of Beaumont, reported a case of "*Traumatic Rupture of the Gall Bladder; Operation Within Three Hours of Injury, and Recovery.*"

Dr. Belle C. Eskridge, of Houston, asked where the point of rupture was located and spoke of the amount of bile the peritoneum will tolerate and patient live. She said that the secretion of bile proceeds at the rate of about one ounce per hour and thus estimated that Dr. Barr's case had three ounces of bile in the peritoneum at time of operation.

Dr. J. T. Moore reported a case in an 11-year-old girl. The girl was first seen five days after injury, distension, tenderness and pain in right upper half of abdomen. The bowels had been acting regularly, but the stools were clay colored. There was a slight jaundice of conjunctiva. He saw her again ten days later. Aspiration of cystic swelling of right side showed a fluid that gave reactions of bile. The attending physician had drawn off in two aspirations about two gallons of this fluid.

Dr. J. E. Hodges reported a case of a woman in fail g health, slightly constipated and who had a tumor about e and a half inches in front of midaxillary line. Operation s refused until condition had become much graver and then - der cocain, an abscess cavity containing a lot of foul smell g pus was opened. Patient rallied and recuperated for a ti , but four or five days later the pus became stained with b . Ten or twelve days later the discharge looked like pure b , temperature ran up, and another operation was perform . From indications the gall-bladder had ruptured into the - scess cavity. The lower surface of the liver was markedly - integrated. The patient died, but no post-mortem was - tained.

Dr. J. E. Thompson congratulated Dr. Barr on having e courage of his convictions, and believed the good result s due to prompt operation in the face of serious shock. e asked the question, dare we allow even aseptic bile to accu - late in the peritoneal cavity, as it does prove toxic even f slowly. One case he reported that died in which there s extravasation of bile into the cavity, but very little perit - itis, and no septicity. He read a statement from a thesis t t there were reported fourteen cases of gall-bladder rupt , seventeen cases of rupture of the common duct and se cases of rupture of the hepatic duct. The author of the th s claimed that there was a mortality of 33 per cent in im - diate operation and 26 per cent in later operations.

Dr. Barr closed and answered Dr. Eskridge by saying t t the position of rupture was high up on the posterior surf e of the gall-bladder.

Dr. Belle C. Eskridge, of Houston, read a very carefu written paper on the subject of "*Acute Gastric Dilatation F - lowing Abdominal Section*," reporting two cases.

Dr. J. E. Thompson opened the discussion and said e paper caused him to reflect how much we had grown, as sho by the character of papers presented at the meetings. T papers were of real scientific interest and he considered - Eskridge's one of the best.

Dr. J. E. Hodges said he had no experience in gast dilatation following operations except possibly one case o patient who suffered from a chronic gastric catarrh and w was accustomed to passing a stomach tube for herself. F - lowing two operations she had extreme nausea, vomiting a depression coming on after eighteen hours and relieved by use of the stomach tube.

Dr. S. F. Martin, of Beaumont, reported a non-operat case in a man 65 years old. The patient lived ten days a vomited pus-like material. Post-mortem showed stomach - lated, all other organs normal.

Dr. R. W. Knox, of Houston, confined his remarks to question of the etiology and pathology of the condition, a suggested the possibility of a gastric dilatation existing pr to the operation. He has had no experience with this com - cation, but thinks that quick operating and the least possi handling of intestines would be the best preventive.

Dr. D. S. Wier, of Beaumont, said that he had not had a experience, unless it was a case of strangulated hernia t followed a course answering to Dr. Eskridge's description af operation for strangulated hernia.

Dr. T. W. Shearer, of Houston, recalled a case he met w some twenty years ago in an alcoholic subject, who vomi for eight or ten days, then took an excessive dose of chlo hydrate and died in a closet. Arsenical poisoning being s pected the stomach was sent to him for examination. It w dilated sufficiently to hold a gallon and the contents were dark grumous material.

Dr. Eskridge, in closing, agreed with Dr. Knox about qu operating and manipulation of intestines as little as possi She has quit the use of gauze and uses hot towels, and advi a sufficiently large incision.

The meeting adjourned at noon and was called to order 2:30 p. m. for a business session. The minutes of the p vious meeting were read and approved.

The Secretary explained the change in the program pl from holding sections to a straight program, the reasons vanced being that the sessions being held during one day a the whole meeting held in one hall, the section plan result in a great loss of time and was cumbersome; a second reas was that unless one called on the old reliables every ye there was some difficulty in inducing men to act on the sectio On motion made and seconded the change was approved a ordered permanent.

The Secretary-Treasurer's report showed receipts, $38.3 disbursements, $30.80; balance on hand, $7.55. The rep was approved.

A motion was carried that each county secretary be urged promptly collect the sum of 15 cents per member as dues the South Texas District Medical Society.

The sum of $5 was paid Dr. J. E. Hamilton on account.

The following officers were nominated, and on motion, declared unanimously elected: Drs. J. M. O'Farrell, Richmond, esident; O. L. Norsworthy, Houston, vice-president; E. F. ooke, Houston, secretary-treasurer. Houston was selected r the next place of meeting.

The business session then closed and the program resumed.

Dr. J. E. Thompson, of Galveston, read a paper on "*Myoma the Stomach,*" illustrated with photographic drawings of e microscopic appearance, and the tumor itself. The paper cluded besides the report of the case a resume of the literare and was listened to with a marked degree of interest all.

Dr. Belle C. Eskridge opened the discussion by complimentg the author of the paper and said that she had unsuccessly searched for references to this condition and had met a eat deal of difficulty in finding many references. She reorted a case of a hard fibrous mass that she removed from e rectum, but no microscopic examination was made.

Dr. R. W. Knox asked if the diagnosis had been made prior the operation, and remarked on rarity of the condition.

Dr. J. T. Moore said that the ideas of the profession in gard to the cancer age were undergoing considerable change. reference to the question of stomach examinations in myia there was noting in the way of changes in the gastric ntents that would justify a diagnosis. Findings in regard acidity do not give any help. He remarked on the few mplete reports made by surgeons on analysis of stomach ntents, that surgeons were slow to get hold of the best ethods of study of the stomach, even those methods that had en in use amongst internists for some time. He mentioned e importance of examining patients in hot bath in case of secure abdominal growths.

Dr. Eskridge asked how the mass felt.

Dr. Thompson, in closing, expressed his gratification at the terest shown in the paper. He commented on the facts that e earlier records of these conditions are much inferior to the ter reports. In answer to Dr. Knox he said that he thought e case was one of gastric ulcer before he operated.

Dr. R. W. Knox, of Houston, read a paper on "*Fractures of e Upper and Lower Extremities of the Femur,*" that was ry interesting and practical. He discussed Whitman's ethod of putting up fractures of neck and mentioned a case in ich with fracture of the lower third of the femur he had to t the tendo Achillis before he could get the parts in appoion.

Dr. J. E. Thompson thought the paper intensely practical d said there are two camps as regards etiology of deformity, e first teaching that it is due to muscular dragging of the gments, the other that it is due to effusion of blood under e periosteum. Whichever teaching is right, deformity is to certain extent unavoidable, and fractures always give anxy. He reported a case in his own family of fracture of merus, calling attention to the ability of the young to m and reform the shaft of bones. Extravasation of blood es prevent the proper approximation of the parts in certain ses. He was struck by Dr. Knox's remarks on the abduction the limb in fractures about the neck of the bone, in such ses adduction is impossible, by abduction the fragments fall place. If in a case of fracture we have pain it shows that ere is something wrong and that the bone is not in proper position. The two camps ought to come together. Lane wrong in saying every case ought to be operated on and e others are wrong in saying all cases can be reduced without operation. He thinks the paper very timely because of e tendency to run to brain tumors and excisions of the stomn overlooking the lesser matters of surgical practice.

Dr. J. E. Hodges reported two interesting cases of fracture. one case a spicule of bone had penetrated the brachial tery and helped to produce difficulty in placing fragments in pper position. The break in the artery was sutured with d results.

Dr. Belle C. Eskridge emphasized the remarks of Dr. ompson on the question of pain. In children she uses thod of vertical suspension. In using plaster she said that iting for plaster to dry was tedious and suggested the use salt and also said that granulated sugar would help to move plaster from the hands.

Dr. Knox, in closing, said that there were some cases of fracture of the hip near the head of the bone, that the best ng was to leave them alone. He said he had seen one case in New York where in a case of old non-united fracture a large steel spike had been driven through the fragments with good results. He does not agree with the use of salt or anything else to harden plaster as it makes the plaster brittle, using good plaster obviates the necessity of using anything else.

Dr. T. W. Shearer referred to the advisability of baking plaster thoroughly before using.

Dr. Henry Hartman, of Galveston, read a paper reporting and comparing the "*Microscopical Results, Clinical Diagnosis and Post-mortem Findings in Four Cases.*"

Dr. W. F. Thomson, of Beaumont, reported two cases, one a virulent streptococcic infection of the finger and one staphylococcic infection in which microscopic diagnosis established the proper method of treatment. He also spoke of the question of the differentiation between typhoid and malarial fevers by the finding of crescents in the blood.

Dr. Hartman, in closing, called particular attention to the fact that sometimes a very careful search is necessary to find the crescentic form of malarial parasite in the blood.

Dr. W. F. Thomson, of Beaumont, read his paper on "*Some Important Details in Laboratory Work,*" and as Dr. Henry Hartman, of Galveston, said, in discussing the same, it showed that the author was a careful and enthusiastic microscopist and pathologist.

Dr. W. W. Ralston, of Houston, read a paper entitled "*Medical Inspection of Schools with Especial Reference to the Eye, Ear, Nose and Throat.*" A motion was carried that the paper be endorsed and given to the press for publication.

The Councilor, Dr. B. F. Calhoun, gave an interesting review of the proceedings of the International Congress on Tuberculosis.

Dr. T. W. Shearer, of Houston, read a paper on "*The Immediate Double Operation for Complete Laceration of the Perinæum,*" a very thorough presentation of the subject, reporting one case and illustrated by drawings.

Dr. Belle C. Eskridge agreed as to necessity of immediate operation and advised against the too early removal of the stitches.

Dr. Shearer, in closing, said he had quoted Williams, who advised removal of stitches, but Kelly advises that they be left in place longer.

A rising vote of thanks was extended to the Jefferson County Medical Society for the hospitality shown the visitors.

The Association adjourned to meet in Houston on the second Thursday in June.

TENTH OR SOUTHEASTERN DISTRICT.

The Jefferson County Medical Society met December 8th in Beaumont. The annual election of officers took place after the business meeting. The officers for the coming year are: Drs. R. R. Sullivan, Beaumont, president; J. B. Swanger, Beaumont, vice-president; W. F. Thompson, Beaumont, secretary-treasurer; O. S. Hodges, Beaumont, delegate; Guy H. Reed and Felix Martin, Beaumont, censors. Dr. B. F. Calhoun, the Councilor, presented an able paper on what he saw and heard at the International Tuberculosis Congress. The arrangements for the entertainment of the Eleventh District Society meeting on December 12th were completed.

ELEVENTH OR EASTERN DISTRICT.

The Anderson County Medical Society met December 10th with a large attendance. The following program was rendered: "*Multiple Furunculosis in Children,*" Dr. J. C. Silliman, Palestine; "*Lobar Pneumonia,*" Dr. H. M. Wilson, Palestine; "*Treatment of Typhoid,*" Dr. J. H. Evans, Palestine; "*Three Cases of Hepatic Toxemia from Chloroform Anesthesia,*" Dr. R. M. Dunn, Palestine.

The Cherokee County Medical Society met at Rusk, December 9th, and elected the following officers for the ensuing year: Drs. E. B. Strother, Jacksonville, president; E. E. Guinn, Jacksonville, vice-president; J. B. Ramsey, Forest, secretary.

The Smith County Medical Society held its annual meeting at Tyler, December 8th, with fourteen members in attendance. Dr. Albert Woldert, secretary, spoke of the importance to the public of the tuberculosis exhibit now being shown in different towns of the State, referring to a conversation with State Health Officer, Dr. Wm. Brumby, who desired to bring this exhibit to Tyler provided the sum of $150 to $200 could be raised to defray the expenses of same. A committee was ap-

pointed to attend to this matter. There was also a committee appointed to correspond with their senators and congressmen to vote for the bill to be introduced in Congress relative to the consolidation of the different health bureaus into one central bureau. An interesting quiz on the subject of *"Heart Disease"* was given by Dr. J. D. Phillips, of Tyler. After the meeting a banquet was given, followed by the election of officers for the ensuing year, towit: Drs. B. F. Chambers, Flint, president; T. J. Bell, Tyler, vice-president; Albert Woldert, Tyler (re-elected), secretary-treasurer; J. D. Phillips, T. J. Bell and Albert Woldert, committee on public policy; G. B Bell, Tyler, delegate; B. F. Chambers, Flint, alternate.

TWELFTH OR CENTRAL DISTRICT.

The Hamilton County Medical Society met in Hamilton, December 16th, with eleven members present. The only part of the regular program observed was the annual address of the president, Dr. J. H. Wysong, of Hico, which was an able and scholarly paper on the *"Advancement Made in the Science of Medicine."* The officers elected for 1909 are: Drs. W. T. Bolding, Hamilton, president; C. M. Hall, Hico, vice-president; W. W. Fowler, Hamilton, secretary; T. E. Boyer, Shive, treasurer; J. B. Winn, Hamilton, censor; George F. Perry, Hamilton, delegate; C. M. Hall, Hico, alternate. Dr. J. B. Richards, of Evant, was elected to membership. The following visitors were present: Drs. W. E. Sturgis, Stephenville; Martin E. Tabor, Dallas, and E. S. White, late of San Antonio but now of Hamilton.

The McLennan County Medical Society met December 3d, and elected the following officers for 1909: Drs. M. B. Saunders, Waco, president; M. L. Lankford, Mart, vice-president; J. R. Ferrell, Waco, secretary-treasurer; I. L. McGlasson, Waco; R. H. Eaves and J. M. McCutchan, of Waco, delegates.

The Hill County Medical Society met November 11th with a large attendance. At the close of the business meeting a banquet was given for the physicians and their families at which President B. F. Smith presided as toastmaster and suggested the following toasts: *"The Physician as a Business Man,"* Dr. B. F. Wilkes, Abbott; *"Medicine,"* Dr. J. Buie, Hillsboro; *"The Modern Sanitarium,"* Dr. C. C. Davis, Hillsboro; *"The Trained Nurse,"* Dr. R. H. Gough, Hillsboro; *"The Ideal Doctor,"* Dr. J. J. Robert, Hillsboro; *"The Physician's Wife,"* Dr. W. A. Wood, Hubbard.

On December 9th, at the regular monthly meeting of the Society, twenty members were present. Program: Report of a clinic, *"Tumor at the Head of the Pancreas,"* Dr. B. H. Vaughan, Hillsboro; *"A Resume of the Past Year's Work,"* Dr. B. F. Smith, Hillsboro. Dr. Roy C. Black, of Itasca, was received into this Society on transfer card from Hunt County Medical Society. The election of officers for the ensuing year resulted as follows: Drs. J. Buie, Hillsboro, president; M. W. Brian, Hillsboro, vice-president; R. H. Gough, Hillsboro, secretary-treasurer; D. J. Youngblood, Brandon, and J. W. Miller, Hillsboro, censors for two years.

The Robertson County Medical Society held its regular meeting in Hearne, December 8th, with thirteen members present. A number of interesting topics were discussed. The election of officers resulted as follows: Drs. J. C. Holman, Franklin, president; W. R. Vaughn, Calvert, vice-president; T. G. Curry, Franklin, secretary-treasurer; J. E. Steele, Bald Prairie, and F. J. Gilson, Calvert, censors; W. S. Parker, Calvert, William Erwin, Hearne, and W. R. Vaughn, committee on public policy and legislation; W. S. Parker, Calvert, delegate; Edgar Brittain, Bremond, alternate. The sum of $13 was raised for the protection of public health laws. Four new members were elected to membership: Drs. F. J. Gilson, Calvert; W. R. Vaughn, Calvert; W. G. Eaves, Bremond, and C. D. Cearnals, Mumford.

THIRTEENTH OR NORTHWESTERN DISTRICT.

The Eastland County Medical Society met at Cisco, December 11th, with a good attendance. Dr. David R. Fly, of Amarillo, visited the meeting and made an interesting talk on *"Preventive Medicine With Special Reference to Tuberculosis."* Program: *"The Effects of La Grippe on the Eye, Ear, Nose and Throat,"* Dr. J. M. Britton, Cisco; *"La Grippe and Its Treatment,"* Dr. P. H. Chilton, Gorman. A resolution was passed placing Eastland county in the $5 list for old line insurance examinations and a $2 minimum fee for fraternal orders.

FOURTEENTH OR NORTHERN DISTRICT.

The Cooke County Medical Society met at Gainesville, December 8th, with ten members present. A committee was appointed to endeavor to secure the Tuberculosis Exhibit. The following officers were elected for the ensuing year: Dr. R. S. Wilson, Gainesville, president; C. R. Johnson, Gainesville, vice-president; R. H. Bailey, Gainesville, secretary; J. A. Landis, Gainesville, censor; J. E. Gilcreest, Gainesville, delegate; C. R. Johnson, alternate.

The Dallas County Medical Society met in Dallas, December 5th, with a large number in attendance. The election of officers resulted as follows: Drs. J. H. Reuss, Dallas, president; W. M. Young, Dallas, vice-president; W. C. Swain, Dallas, secretary-treasurer; A. W. Carnes, Hutchins, delegate; M. M. Smith and F. J. Hall, Dallas, alternates; J. B. Sprot, Dallas, censor.

The Denton County Medical Society met in Denton, December 10th, and elected officers for the ensuing year as follows: Drs. J. E. Copenhaver, Aubrey, president; J. L. Hooper, Denton, vice-president; W. C. Kimbrough, Denton, secretary-treasurer (re-elected); M. C. McBride and W. H. Sweringen, Denton, and F. U. Painter, Pilot Point, committee on public health and hygiene; J. M. Inge, Denton, censor; C. L. Lane, Sanger, delegate; O. C. Buster, Pilot Point, alternate.

The Tarrant County Medical Society met in annual session on December 7th. There was no scientific program, but Dr. David R. Fly, of Amarillo, was present, and gave an address on the *"Importance of Unity and Harmony in the Medical Profession."* There followed a reconsideration of the resolutions regarding the advertisements in the daily press of physicians and private sanitaria. After much discussion, the resolutions in force for the past year were unanimously endorsed for the future. The annual election resulted as follows: Drs. W. G. Cook, Fort Worth, president; Thos. B. Dorris, Grapevine, vice-president; H. L. Warwick, secretary; W. R. Thompson, treasurer; Bacon Saunders, Fort Worth, delegate; J. S. Turner, Fort Worth, alternate delegate. A resolution was passed appointing a section leader for each of the four following monthly scientific programs, the section leader for January being Dr. George E. Adams.

The Fannin County Medical Society met at Bonham, December 3d, with sixteen members present. The following officers were elected for the ensuing year: Drs. R. E. Lee, Bonham, president; H. H. Leeman, Windom, vice-president; E. A. McDaniel, Bonham, secretary-treasurer; J. W. Palmer, Windom, A. A. Platt, Ivanhoe, and W. S. Sutherland, Trenton, censors. At the meeting of this Society to be held January 14th, Dr. C. A. Gray, of Bonham, Councilor of the Fourteenth District, will read a paper entitled *"The Differential Diagnosis Between Pneumonia, La Grippe and Bronchitis,"* which will be discussed by the members.

The Grayson County Medical Society met at Sherman, December 1st, with twenty-four members present. Seven new members were elected to membership for the ensuing year. A committee was appointed to confer with the Sherman Business Men's League in an effort to secure the Tuberculosis Exhibit for the first week in January. The subject for discussion at this meeting was *"For the Good of the Society."* Written suggestions were read by the secretary followed by discussions by the members. The following officers were elected for the ensuing year: Drs. T. W. Crowder, Sherman, president; F. M. Teas, Denison, vice-president; O. C. Ahlers, Sherman, secretary-treasurer; J. T. Wilson, Sherman, delegate; G. S. Fox, Sherman, alternate.

The Hopkins County Medical Society met at Sulphur Springs, December 2d, with nine members present. Two clinical cases were presented: *"Petit Mal-Epilepsy, Treatment Advised—Bromide"*; *"Sarcoma of Left Half of the Mandible Lower Maxillary—Extirpation."* The officers elected for the ensuing year are as follows: Drs. J. P. Dickerson, Tazewell, president; W. E. Connor, Cumby, vice-president; W. C. Starling, Sulphur Springs, secretary-treasurer; Bert Cate, Cumby, J. E. McDowell, Miller Grove, and W. A. Clark, Cumby, censors.

The Hunt County Medical Society met in Greenville, December 8th, and elected officers for the coming year as follows:

s. B. F. Arnold Greenville, president; J. J. Coppedge, Lone k, vice-president; D. R. Waddle, Greenville, secretary (re-cted); M. L. Moody, T. J. Milner and P. A. Peak, censors. e motion to invite the North Texas Medical Association to eenville for its next meeting was carried.

The Kaufman County Medical Society met at Kaufman, cember 1st, with twenty-two members present. The fol-ring officers were elected for the ensuing year: Drs. R. L. ll, Terrell, president; J. A. Couch, Crandall, vice-president; J. Hubbard, Kaufman, secretary-treasurer; C. M. Grigsby, ufman, censor; W. J. Pollard, Kaufman, delegate, and W. Watkins, Kemp, alternate. A committee of five were ap-nted to devise a plan to instruct the laity on matters of blic health. The doctors and their wives enjoyed a sump-us banquet, and the meeting was voted by all present as uccess in every way.

The Lamar County Medical Society met at Paris, December with seventeen present. Program: *"The Relation of the erinarian to the Public Health,"* F. G. Cook, D. V. S.; *me Adjuvants to Our Present Methods of Treatment,"* Dr. . S. Stell, Paris; *"A Report of 110 Cases of Obstetrics,"* J. Hooks, Paris.

The Rockwall County Medical Society met December 2d h eight members present. The following officers were ted for the ensuing year: Drs. J. N. Tabler, Royse, presi-t; T. L. Keys, Rockwall, vice-president; C. M. Jackson, kwall, secretary-treasurer; E. F. Wright, Royse, censor.

The North Texas District Medical Association held its fifty-ith semi-annual meeting at Dallas, December 8th, 9th and h, with a large attendance. Reverend W. D. Bradfield, of las, opened the program with the invocation. The address welcome was given by Mayor S. J. Hay; the address of come on behalf of the County Society was delivered by Dr. W. Bourland, president, which was responded to by Dr. M. Inge, president of the North Texas Medical Association. he following program was presented:

ECTION ON SURGERY.—*Chairman's Address, "The Surgical science,"* Dr. C. M. Rosser, Dallas; *"Laparotomy in Tuber-us Peritonitis, Report of a Case,"* Dr. W. M. Yater, Cle-ne; *"A New Operation for Fistula-in-Ano, with Drawings, tographs and Dissection,"* Dr. I. C. Chase, Fort Worth; *rgical Aspect of Pancreatitis,"* Dr. H. M. Doolittle, Dal-; *"Ununiting Fractures,"* Dr. G. M. Hackler, Dallas.

PEN SESSION.—*President's Annual Address,* Dr. J. M. Inge, ton; *"A Mediocrity-Up-to-Date,"* Dr. H. K. Leake, Dallas; *hat the Public Owes the Medical Profession and What the dical Profession Owes the Public,"* Dr. J. W. Largent, Mc-ney; *"Popular Regard for Human Life,"* Dr. I. C. Chase, t Worth. This session was by many considered the best lic meeting ever held under the auspices of the society.

ECTION ON MEDICINE.—*"A Rare Case of Anemia,"* Dr. Mar-L. Graves, Galveston; *"Report of Cases with Clinics,"* Dr. . Shelmire, Dallas; *"The Legal Liability of the Physician o His Patients,"* Dr. R. W. King, Attorney at Law, Fort th; *"The Diathesis,"* Dr. G. H. Moody, San Antonio; *"The ease of Insanity and Its Relation to the Nation's Interest,"* C. L. Gregory, Terrell; *"Treatment of Tuberculosis of the ts,"* Dr. Geo. E. Adams, Fort Worth; *"Hypertrophy of the tate with Special Reference to Its Treatment by Electric-and X-Ray,"* Geo. D. Bond, Fort Worth; *"The Value of the ay as a Diagnostic and Therapeutic Agent, with Photo-hic Illustrations,"* Dr. J. M. Martin, Dallas; *"Some Car-l Points in Diagnosis,"* Dr. J. A. Graeey, Fort Worth; *pathetic Ophthalmia,"* Dr. Jno. O. McReynolds, Dallas.

ECTION ON OBSTETRICS AND GYNECOLOGY.—*Address of irman,* Dr. C. E. Cantrell, Greenville; *Report of Secretary,* W. C. Crutcher, Mt. Vernon; *"Tubal Pregnancy, with Re-of Two Cases,"* Dr. M. Smith, Oklahoma City, Okla.; *Prodisplacements of the Uterus, Operative Treatment,"* Dr. . Milliken, Dallas; *"Gynecological Conditions Which May ie from Changes in the Fetus, with Specimen,"* Dr. El-e Dunlap, Dallas.

he election of officers resulted as follows: Drs. J. W. Lar-e, McKinney, president; J. A. Graeey, Fort Worth, vice-ident; H. L. Moore, Dallas, secretary (re-elected); F. M. e, Denison, treasurer. The next meeting will be held in nville, June 22, 1909.

a Wednesday evening an enjoyable smoker was tendered h Association at which there were witty speeches and a t of good fellowship prevailed. A fine buffet lunch was ed and some unusually good vaudeville numbers were given by members of the Majestic Company. On the whole the meeting was a very successful, delightful and valuable session, one of the best meetings in the history of the Association.

The Van Zandt County Medical Society met at Wills Point, December 4th, with ten members present. A paper entitled *"Quinin, Its Therapeutic Value,"* was read by Dr. V. B. Cozby, of Grand Saline, and discussed by all present. The election of officers for the ensuing year was as follows: Drs. J. R. Maxfield, Grand Saline, president; D. Leon Sanders, Wills Point, vice-president; V. B. Cozby, Grand Saline, secretary-treasurer; M. L. Cox, Canton, delegate. Resolutions were passed advocating the necessity of more perfect sanitation and the absolute necessity of a well regulated county health office.

The Wise County Medical Society met at Decatur, November 17th, with twelve members and four visitors in attendance. The following officers were elected for the ensuing year: Drs. J. A. Embry, Decatur, president; W. E. Redford, Boyd, vice-president; J. F. Ford, Decatur, secretary; C. B. Simmons, Decatur, treasurer; B. O. Wilkerson, Chico, delegate; S. J. Petty, Park Springs, censor.

District Personals.—Dr. E. J. Neathery, of Sherman, is spending a month in New York.

Dr. S. L. Terrell, of Dallas, Texas, left December 22d for a year's study in Europe. He will spend most of his time in the eye, ear, nose and throat clinics of Berlin. He is accompanied by his wife and son.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Cass County Medical Society met in Atlanta, December 2d, with a majority of members in attendance. This being the annual meeting no scientific program was rendered, the entire time being consumed in the consideration of the business of the society and of the profession. The following officers were elected for the ensuing year: Drs. C. E. Davis, Linden, president; W. A. Starkey, Atlanta, vice-president; Felix Peebles, Bivins, secretary-treasurer; R. L. Long, Felix Peebles and J. M. McDuff, board of censors. The following were appointed as committee on public health and legislation: Drs. T. G. Howe, Douglasville; J. D. Gowan, Queen City, and C. F. Sheppard, Atlanta.

The Harrison County Medical Society met in Marshall, November 1st, with a large attendance. Drs. R. C. Hall and Z. E. Vaughan reported interesting cases for discussion. A committee was appointed to solicit contributions to the fund for the protection of medical and health laws before the courts. The following officers were elected to serve for the forthcoming society year: Drs. Z. E. Vaughn, Waskom, president; Rogers Cocke, Marshall, vice-president; R. C. Hall, Marshall, secretary-treasurer; C. R. Hargrove, Marshall, censor. The President will appoint his committees at the next regular session. The Secretary was directed to communicate with the congressmen and senators and urge them in the name of the society to support the effort to secure a National Department of Public Health.

The Titus County Medical Society met in Mt. Pleasant, December 8th, with a good attendance. The meeting was devoted wholly to matters of business, and social intercourse. A committee was appointed to raise funds for the protection of the public health and medical laws of the State, and the plan advanced by THE JOURNAL for the raising and subsequent management of this fund warmly commended. A committee was appointed to confer with the National Representatives and Senators in regard to the establishment of a National Department of Public Health, and to urge their support of such a measure. The annual election of officers resulted as follows: Drs. T. M. Fleming, Mt. Pleasant, president; A. A. Smith, Goolsboro, vice-president; W. H. Blythe (re-elected), secretary-treasurer; J. V. Dozier, Winfield, censor; T. S. Grissom and S. R. Crabtree, Mt. Pleasant, delegate and alternate. After adjournment the society enjoyed an elegant oyster supper and after dinner speaking, its own treat to itself.

The Upshur County Medical Society met in Gilmer, December 12th, and transacted the following business: Election of officers for the ensuing year: Drs. H. C. Wilson, Gilmer, president; Green Duke, Lafayette, vice-president; T. S. Ragland, Gilmer, secretary-treasurer; C. F. Duke, Bettie, censor; A. S. Polloek and T. S. Ragland, Big Sandy and Gilmer, re-

spectively, delegate and alternate. The plan advaneed by THE JOURNAL to raise a fund for the defense of the medieal and public health laws was commended, and $3 eontributed by those present.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM NOVEMBER 20TH TO DECEMBER 20TH.

W. A. Woody, from Fort Worth to Commerce.
J. J. Hanna, from Amarillo to Quanah.
T. M. Wilson, from Thornton to Eastland.
G. I. Thomas, from Jewett to R. F. D. No. 6, Mart.
G. P. Maynard, from Wylie to Clear Lake.
Henry Kuehne, from Dallas to Austin.
W. A. Sutherland, from Boaz to Gail.
A. D. Looney, from Mulberry to Tecumseh.
J. E. Mitchell, from Celina to Dallas.
A. H. Speer, from Madisonville to San Angelo.
F. S. Littlejohn, from Palestine to Marshall.
H. B. Worley, from Verden, Okla., to Wellington.
D. H. Hudgins, from Forney to Hereford.
T. H. Cheatham, from Italy to Waxahachie.
W. A. Lee, from Illinois Bend to Lufkin.
Wm. M. Morgan, from Lytton Springs to Lockhart.
I. J. Cantrell, from Ratcliff to Neoma, La.

NEW TEXAS MEMBERS OF THE A. M. A. FOR NOVEMBER.

Clutter, B. F., El Paso.
Hickey, M. L., Chalk Mountain.
Johnson, I. L., Gatesville.
Martin, R. G., Lavernia.
Ponton, A. R., Copperas Cove.
Winn, W. A., Tuscola.

NEW MEMBERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS FROM NOVEMBER 20TH TO DECEMBER 20TH.

Collin County—Beverly, A. Fitzhugh, McKinney; Norman, J. E., Blue Ridge.
Cooke County—Hughes, Roy E., Gainesville.
Haskell County—Kline, Bruee, Rule; Miller, W. T., Rochester.
Potter County—Ashby, D. S., Amarillo; Killough R. S., Amarillo; Savage. C. C., Amarillo; Wrather, J. R., Amarillo; Ziegler, B. A., Shamrock.
Tarrant County—Butler, W. H., Fort Worth; Hays, A. R., Fort Worth; Henderson, A. L., Fort Worth.
Young County—Howard, E. M., Olney.

DEATHS.

Dr. John N. Gambrell, Transylvania University, 1842, was born in Anderson District, South Carolina, January 2, 1819, and died at the home of his son, Judge John N. Gambrell, in Lockhart, Deeember 7, 1908. Dr. Gambrell, after his graduation, began the practice of medicine in Alabama, and in 1858 eame to Huntsville, Texas, where he practiced for over forty years. He was of Virginia stoek and a deseendant of families distinguished for services during the Revolutionary War. When Texas seeded, he east his lot with the Confederates, and was detailed to administer professionally to families of Confederate soldiers of Walker and adjacent counties. He leaves a wife and five children.

Dr. M. K. Lott, of Cameron, Texas, died in San Antonio, where he had gone for medical attention, July 19, 1908. He was born in Washington county, Texas, June 21, 1853. He graduated from the Louisville Medical College in 1873 and moved to Oenaville. Texas, where he practieed medicine but a short time, when he moved to Belton, Texas, and there married Miss Mary Lee Hexley, November 15, 1876. He practiced medieine in Belton twelve years and during that time attended the Tulane Medical College from which he graduated in 1880. In 1883 he moved to Eagle Pass. Dr. Lott, in 1894, married his second wife, Mrs. Hattie E. Homan, of Cameron, Texas, and two years later moved to that city, where he resided until his death.

Dr. Calhoun Sams, of Taylor, Texas, died at his home October 24, 1908, after a short illness. He was born January 21, 1838, in Beaufort, South Carolina. He received his academic training in the Furman University of South Carolina and later entered the Charleston Medical College, where he graduated with distinction. He joined the army of the Confederaey as assistant surgeon at Sam's Point, South Car na, in 1861. He later beeame chief surgeon of Colonel Bl k's South Carolina regiment of eavalry. He participated ir he battles and serviee of Maryland, Pennsylvania and Virg ia, and was post surgeon at Drury's Bluff. He was in Richi nd at the conclusion of the war, and after the surrender of ee, he returned to South Carolina, where he resumed the pra ice of his profession. Dr. Sams was first married to Miss ry A. Seabrook, of Edisto, S. C. He eame to Texas two ars later, locating at Waco. Later he moved to Taylor, wher he death of his wife occurred soon after. Several years lat he married Mrs. Mary E. Chestnutt, of Taylor, who with ree children survive him. He was a resident of Taylor for ver twenty years and a faithful member of the Baptist churc

Dr. J. N. H. Huggins, of Georgetown, died at his l me November 29th, after an illness of several months. He as born in Adaville, Kentucky, July 24, 1832. He graduate at Rush Medieal College, February 24, 1880, and began the ac- tice of medieine at Vienna, Illinois. Dr. Huggins can to Texas and settled in Georgetown in 1881, and at the tin of his death was county physician of Williamson county. He was also an aetive member of his county and State me al soeieties. In his younger days Dr. Huggins had a wide ac- tiee and did much charity work, always responding to lls of distress and sickness whether there was a guarantee o is fee or not. In his early manhood he united with the Pr sby- terian ehurch and was a most faithful member up to he time of his death. A wife and seven children survive hin

Dr. John Frank Thornton, of Witting, died at Halletts le, December 1st, aged 36, of gastritis and other complicat ns. He was a graduate of Grant University in 1895, and had ac- ticed medieine for thirteen years mainly at Weimar, Plum nd Witting. He leaves a widow and one son aged 8, a a brother, Dr. G. Lyle Thornton, of West Point. He was bi ed at Columbus.

Dr. William Grebe, of West Point, Fayette county, Tex s, was born in Trier, Germany, January 17, 1864, and whil in the meridian of a life of usefulness, died at his home at est Point, Texas, October 26, 1908, of tuberculosis, aged 44. Dr. Grebe's health had failed him, for some time, but his ast illness was of four months duration. He reeeived his pre- inary edueation in Germany, and eame to the United St es while a young man. Being early impressed with the us ul- ness and nobility of the medical profession, and a strong be- liever in that old maxim, "The real study of man is mank d," he entered the University of Pennsylvania at Philadel ia, where he received his medical edueation and graduate in 1889. He loeated at East St. Louis, Ill., where he prac ed prior to locating at West Point, Texas. Dr. Grebe w s member in good standing of his County and State Ass ia- tions. He engaged in a general practice, and was very ne- eessful. He enjoyed the confidence and respect of his fo- fessional brethren, and was held in high esteem by all h knew him. He was ever ready to answer the call of dist ss Dr. Grebe is survived by an estimable wife and seven chil en the youngest of which was born six days after his death. To these the sincere sympathy of a grateful clientele is f lly extended, as well as that of the profession to whieh he longed, and in whose progress and advance he took much in- terest.

BOOK REVIEWS.

An English-Chinese Lexicon of Medical Terms, prepare by Dr. Philip B. Cousland, has just been published in Sh g- hai. Though the author is an Englishman by birth, he as based his book largely upon the Medical Dictionary of Dr. George M. Gould, of Philadelphia, a high compliment to American scholarship. Dr. Cousland has recently publish s translation of Prof. Halliburton's edition of Kirkes' Phy l- ogy.

BOOKS RECEIVED.

Transactions of the American Proctologic Society, 1908
Transactions of the Sixth Annual Conference of States n Territorial Health Officers with the United States Health n Marine Hospital Service, April, 1908.
Essentials of Medicine, *Emerson* (*Lippincott*).

Texas State Journal of Medicine

IRA CARLETON CHASE, *Editor-in-Chief.*
EDITORIAL OFFICE: Continental Bank Building, Fort Worth, Texas.

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A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

NOTICE.

NEXT STATE ASSOCIATION MEETING
GALVESTON
MAY 11, 12 AND 13.

AMERICAN MEDICAL ASSOCIATION
ATLANTIC CITY
JUNE 8, 9, 10 AND 11.

Dividing the Patient's Money or the Specialist's Fee.—By a "division of fee" is meant a secret division of a specialist's fee with a general practician; synonyms, the granting of commissions, the giving of rebates, etc. Those who honestly contend that division of fee is right usually have not carefully defined the term and are really advocating an honest division of the patient's money, not the doctor's fee. For instance, if a patient has but $150 for medical and surgical attention, the physician and surgeon are entitled to a part of this money proportional to the value of the services rendered. This is a division of the patient's money, and he has a right to know how it is divided, as he is the best judge of the equity of the division. If justice is done to this point, the doctor and specialist are in possession of their just fees. For the surgeon to divide this fee to bribe the doctor, or to hire a hackman to bring him patients, or to pay boosters to frequent hotels, or to give commissions to boarding house keepers or to offer inducements other than his skill and honesty, is discountenanced by both the laity and the medical profession.

A careful review of the arguments of those who support a division of fee will prove that they presuppose injustice or wrong division of the patient's money in the first place, and then justify themselves in a division of their fee to correct former injustice. Among the unscrupulous there is a desire to establish the right of a specialist to collect the practician's fee with his own, as this gives him the opportunity of buying the practician's good will by the return of any amount of their community fee which he may find necessary to secure business. The justice and ethical nature of a division of the fee can not be decided by an appeal to individual practice or custom. By the same argument the moral law would last about as long as the proverbial snowball in Gehenna. The Principles of Medical Ethics, which expresses the ethical sentiment of the American medical profession, says:

Section 4, Article VI. *Giving or Receiving Commissions Condemned.*—It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions.

The Board of Councilors, the Court of Medical Ethics of the State Medical Association of Texas, at its last meeting adopted the following explicit resolutions:

RESOLUTIONS ON DIVISION OF FEE.

WHEREAS, The Board of Councilors of the State Medical Association of Texas has been called upon for a decision as to the ethical nature of the practice of dividing fees, that is giving or receiving commissions or rebates without the patient's knowledge, as between the specialist and the general practician; and

WHEREAS, The Board having given the matter careful consideration, and recognizing the importance of the subject and its far-reaching effect, does hereby unanimously

Resolve, That in its opinion said practice, or any modification thereof, is not only unethical, but unjust to all concerned; *that it is unethical* in that it tends to commercialism, to place money before professional skill, to make the patient a commodity to be disposed of for a price, thereby constituting a breach of sacred trust on the part of the physician in that he deceives and fails to deliver to his patient that which he has sold—his honest opinion as to where the most skillful special treatment can be obtained; *that it is unjust* in that the practician takes unearned money from the specialist, the specialist to secure his just compensation must overcharge the patient who is thereby defrauded; the whole placing the physician and specialist in a compromising position calculated to bring reproach upon the profession. Furthermore, be it

Resolved, That the Board recommends that both practician and specialist deal directly with the patient, each charging a fee proportional to services rendered and the ability of the patient to pay, in order that uninfluenced by money consideration

the practician may choose specialists for their honesty and skill, and that specialists to secure business may not be induced to offer other than their integrity and ability.

The Final Attack of the Proprietaries.—After months of preparation, the manufacturers of questionable proprietary remedies have directed the final assault against the American Medical Association. The recent exposure of nostrums by the lay press revealed the fact that doctors were as much exploited as the laity, a large part of their prescriptions calling for secret, fraudulent or inert remedies. That the medical profession might know the good from the bad, a Council on Pharmacy and Chemistry to investigate and report was established by the House of Delegates of the American Medical Association. The astounding disclosures printed in its *Journal,* and now available in the pamphlet entitled "The Propaganda for Reform," exposed the frauds of at least four-fifths of proprietary manufacturers, threatened princely incomes and millions of invested capital. These interests banded themselves together in the Proprietary Association of America to fight the movement. They subsidized the press, and everywhere published misleading articles. To denounce and ridicule the Council on Pharmacy and Chemistry they used the privately owned medical journals supported by their "ads." For two years they attempted to get control of the House of Delegates. They published a scurrilous sheet known as the *American Medical Journalist* and sent it free to physicians.

In spite of this, reform marched on. The last attempt, the meanest form of assault has now been frantically evoked—a personal attack upon the life, training and personal character of the officers of the American Medical Association, beginning with Dr. Simmons. The word has been passed around: "Any change from Simmons might help. Bemean him! blacken him! damn him! that the weak-kneed faithful at least may say 'Simmons is all right, *but*—we fear his farther service might compromise the Assiciation.'" To begin this open attack, a Texas medical journal was selected. Its issuance was paid for by advertising money received from Antikamnia, Anasarcin, Ammonal, Antidipsole, Lymph-orchitic Compound, Cactina Pellets, Antiphlogistine, Campho-Phenique, Gray's Glycerine Tonic, Seng, etc., etc. Dr. Simmons is charged with once having advocated homeopathy, with having been connected with a medical institute, with having "lowered the tone of the Association journal," "brought into contempt the ethics of medicine by his propaganda of brotherhood with the sectarian element," "created a serious split in the Association by a high-handed censorship over and denunciation of regular medical journals," resulting in a "widespread and growing—rapidly growing—dissatisfaction with the management of the Association journal and affairs," and there is prop sied a "revolt against the autocracy of the man."

The medical profession will not be deceived by su attacks. It is no crime that a "man may rise on st ping stones of his dead self to higher things." Simmons' work is his perfect vindication. The p nomenal growth of the Ameriean Medican Associat and its journal, the success of reorganization in various States, the advaneement of requirements medical colleges and graduates, the reformation proprietary pharmaceuticals, all demonstrate with wl purity of purpose, broad-minded policy and effieie management Dr. Simmons has carried out the will the leaders of the Ameriean medical profession. *Fi coronat opus.*

Legislative Affairs.—A list of the bills relati to public health, introduced thus far in the Thirty-fi Legislature, will be found in another column. T bills establishing a Board of Health and a Tuberculo Sanitarium have been completed by the Legislati Committee of the State Association. introduced in bo houses and advocated before the committees.

The Optometry Bill is being opposed by the oculis of the State. Unquestionably, it conflicts with t spirit of the present Practice Act, whieh aims to r quire a medical education of every one taking char of the human body affected with disorders or disease The osteopathic argument for exemption sounds e actly like the Optometrists'—no medicine, only fi mechanical treatment, etc. The same necessity f medical knowledge exists in both cases that a corre diagnosis may insure proper treatment. This seems difficult thing for the average layman to appreciat The bill has already, without opposition on the pa of the medical profession, passed the Senate with b one dissenting vote. Its course may not be so smoot through the House. On the whole, this bill is of ver slight importance compared with other pending med cal legislation, and for that reason could not be vigo ously opposed by the Legislative Committee witho jeopardizing the interests of more important bills.

The granting of such large representation to th minor schools of medicine on the Board of Medica Examiners has been misinterpreted by them as a sig of their strength, rather than evidence of the libera minded policy pursued by the regular profession t secure a non-sectarian and universal standard of med cal proficiency. As they say, they have decided to g after everything in sight. The Homeopaths have in troduced a bill to establish a chair of Homeopathi therapeutics at Galveston. The Osteopaths and th Eclecties, although more numerous, are not yet knock ing for admission. That there was a doctor in Texa opposed to the Board of Health Bill was unknown un

il the day of the recent hearing before the Senate and House committees when representatives of the minor schools appeared. They endorsed the general provisions of the measure, but threatened to kill the bill if the committees did not change it from a non-partisan to a partisan measure, and limit the Governor's appointing power so that no one school should have a majority representation on the Board of Health. As the bill provides for a board of five physicians, the 350 doctors of these minor schools by the proposed amendment would supply three members of the board and the 7000 regular physicians of the State furnish but two. The Legislative Committee of the State Medical Association took the position that this measure was not to benefit doctors; that the sanitary teachings were the same in all schools; that the bill was for the people and the Governor should not be restrained from appointing the most capable men to serve the people in whatever school they might be found. This appeal of the minor schools aroused little sympathy with the House and Senate committees.

A bill has been introduced in both houses exempting the medical graduates of the University of Texas from State Board examinations. The State Medical Examining Board is preparing to oppose this measure. Its members say: "This amendment to the Practice Act establishes two independent standards for medicine in Texas; all reciprocity arrangements with about fifteen States, so laboriously secured, will be annulled; the plan favors one medical institution of the State by an inducement other than efficiency almost to the destruction of others; it will probably interfere with the registration provisions of the Practice Act, practically abolish the supervision of the board over the University entrance requirements and curriculum, and in general destroy the efficient medical law so long sought and laboriously secured." If this is so, it is to be greatly regretted that the alumni association of the University of Texas promulgating the measure should be placed in such an attitude toward the State medical profession.

The number of bills introduced relating to the public health is large. There is a most unusual interest in the Thirty-first Legislature over public health matters, amounting to almost an emotional sentiment with some members, in marked contrast to the indifference of former sessions. This may be attributed to recent general public health agitation and particularly to the tuberculosis exhibit. The State press has been an influential factor in this awakening. The cattlemen have been told that the Board of Heath Bill abolishes the three members of the State Live Stock Sanitary Commission. It does not. The chairman is made an ex-officio member of the board to unify and assist the closely related work of the two departments. The Dairy and Food Commissioner has a similar connection with the board. The bill does not remove him from Denton, nor interfere with his administration of the Pure Food Law. The outlook for the bills is favorable, but help is needed. Every one reading this notice is requested to write immediately his representatives in behalf of these measures, if he has not already done so.

Iodin Injection for Varicose Veins of the Leg.—In the *Semaine Medicale* Schiossi has reviewed the method of obliterating the superficial veins of the leg by the injection of an irritating fluid. The technique is so simple and the method has been so little noticed that the following is of interest:

"He makes a small incision above the condyle of the femur and isolates the saphenous vein, which he ligates at the upper end of the incision and clamps just below, cutting it between the clamp and the ligature. He then injects the fluid into the peripheral stump, through a small glass tube with olive tip. He uses iodin as the least toxic and most irritating drug for the purpose, preferring a mixture of one part iodin and 1.6 parts potassium iodid to 100 parts of distilled water. The injection is made from above toward the foot, very slowly and cautiously, until he has thus injected from 30 to 50 c.c. of the solution. He then ligates the vein below, cuts off the short end above, and sutures the incision. The vein becomes obliterated by a slow endothelial reaction, which renders scarcely possible any detachment of an embolus. He has never had any mishaps with this technic, local or general, at the time or later. The injected iodin spreads throughout the superficial veins down to the ankle, and in a week most of the veins are found to be hard cords, completely and definitely obliterated, with the subsequent cure of the varicose disturbances. He has recently re-examined the 60 patients on whom he has thus operated, the ultimate findings confirming his highest anticipations. He calls it the 'minimal' measure method,' *minimo mezzo*, as the operation is so insignificant in proportion to the results attained."

Our Advertisers.—When you have finished the reading pages of this issue, feel you have enough of the editorials, have digested the scientific papers of interest to you, have scanned the news of the State and written your Senator and Representative to support the pending public health legislation, kindly turn to our advertising pages and get better acquainted with the men, the firms, the institutions and the products there represented. These advertisers are our friends, and help in no small measure to make this JOURNAL what it is. You will set an example of high-grade medical advertising with the truth told as near as possible about the thing advertised. We are in receipt of letters weekly asking about the officers of the State Association, of the officers of the district and county societies, of times of meeting, of the names of trustees, of where sanitaria and pathologists can be found, of reliable instrument houses, where nurses can be secured, etc. All this information is contained in our advertising pages. Because paid for by others the information is none the less serviceable to us. Advertising pages, when properly used, will be found quite as valuable as the reading pages.

ORIGINAL ARTICLES.

THE CAUSES OF BILIARY OBSTRUCTION.*

BY

J. E. THOMPSON, M. D.,
GALVESTON, TEXAS.

Although at first sight one naturally thinks of gall-stones as the probable cause of most obstructions of the biliary passages, so many other causes may be responsible for the condition that it behooves the good clinician to be accurately acquainted with all of them, and to submit each case to a most exhaustive analysis.

One symptom of obstruction stands pre-eminent amongst the rest, viz., *"jaundice."* It may be said to be present in greater or less degree in every case, and is often the only distinctive sign of obstruction that can be depended upon. A differential diagnosis of the causes of biliary obstruction with only one symptom present is, of course, an impossibility; therefore, it is necessary in most cases to discuss the possible causes one by one and to analyze carefully the symptoms absent as well as those present. It is only after noting accurately all these points and allotting to them their true value that we may arrive at a true conclusion.

The following is a list of causes of obstruction to the flow of the bile along the ducts:

1. Congenital obliteration of the bile ducts.
2. Simple stricture of the bile ducts.
3. Catarrhal cholangitis. (a) acute: (1) non-suppurative; (2) suppurative; (b) chronic.
4. Parasites: such as *Ascaris lumbricoides; Distoma hepaticum; Psorospermosis; Pentastoma constrictum.*
5. Tumors. (a) Innocent .....(papilloma).
   (b) Malignant .....(carcinoma).
   (1) Of the bile ducts.
   (2) Of Vater's ampulla.
   (3) Of the duodenum.
   (4) Of the pancreas.
   (5) Of the lymph glands along the common duct secondary to cancer of the stomach, etc.
6. Gall-stones.

CONGENITAL OBLITERATION OF THE BILE DUCTS.

These cases have been exhaustively studied by Thomson, and the following is a résumé of the

Pathology and Symptoms.—During fetal life poisons are taken from the mother and pass by the umbilical vessels to the fetal liver. A mixed cirrhosis (multilobular and monolobular) and a cholangitis are set up. The cholangitis produces the jaundice, and spreading down from duct to duct it at last reaches the extra hepatic ducts, where it causes obliterative changes.

The degree of obliteration varies. In some cases it is only partial, the ducts retaining a lumen large enough to allow bile to pass through into the intestine in small quantities. In other cases the obliteration has progressed to such an extent that, at birth even, the ducts are no longer patent and life can not possibly be prolonged more than a few days. The ducts may be obliterated at any point, but rather more frequently near the lower end of the common duct. Occasionally the common duct ceases almost at its origin, and its distal end can be traced as a fibrous cord in the right edge of the lesser omentum.

The common duct may become enormously dila and form a huge cyst, as in a case reported by Oxl in a child aged six weeks, where a cyst as large as cocoanut, containing 36 ounces of bile, was formed the proximal portion of the common duct, the dis end of the duct being obliterated at the duodenal en More curious still is the case reported by Ashby. child aged 7 had been jaundiced for two and one-h years. A cyst on the right side of the abdomen w repeatedly tapped (ten times in three months) and and average 8 to 10 pints removed each time. Af death the cyst was found to be the dilated common a cystic ducts. There was no communication with t duodenum.

Clinical Symptoms.—Jaundice is usually present birth or it appears within the first two or three wee after birth. All the symptoms of obstructive jaundi are present. Bile is found everywhere except in t intestines. Hemorrhages are very frequent and a due to poisons circulating in the blood that ought have been destroyed by the liver.

Duration of Life.—Many cases die within the fi few days. Others live longer, perhaps a few weeks a month. Out of forty-nine cases collected by Tho son, thirty lived more than a month. After studyi this disease and particularly after pondering ov Ashby's case, we can not help believing that minor d grees of this affection are probably quite common a that the disease may be checked soon after birth, t cholangitis failing to reach the stage of obliterati and the ducts remaining open to a certain exte Otherwise it is difficult to understand how a child wi obliteration of the common bile duct could reach t age of 4½ years before jaundice made its appearanc Still more difficult it is to understand the case report by Treves: A patient 19 years old who had be jaundiced sixteen years was operated upon. At t operation the lower end of the common bile duct w absent and obliterated. Cholecystenterostomy was pe formed with perfect success.

It is more than probable that minor degrees of o literation are responsbile for cases of jaundice occu ring at a still later age; and that many cases of o struction of the biliary passages accompanied by jau dice, where an exploration fails to reveal any stone the common duct, may in truth be caused by a reinfe tion of hepatic ducts already narrowed and thicken by congenital cholangitis.

It often happens that patients come under our o servation with a typical history of common duct o struction, viz., colic, fever, enlarged liver, and jaundic where during exploration we fail to find anything account for the condition. Drainage of the gall-bla der will relieve most of them permanently, and it a complishes this by relieving the congestion of the a ready diseased biliary ducts. Others are only temp rarily relieved, the symptoms returning as soon as t biliary fistulæ heal up. Cholecystenterostomy offers chance of final cure, but it is not invariably successf

As examples of this, the following cases will pro instructive:

CASE 1.—A man aged 35, consulted me for attacks of pa in the right hypochondrium, radiating to the epigastriu The gall-bladder was sensitive on pressure, but not enlarg Jaundice of the deepest tint was present. During attacks pain it became deeper, clearing up somewhat after attac but never disappearing. During attacks fever was alwa present. I operated March 4, 1901, feeling certain of findi

*Read before the Section of Surgery of the State Medical Association of Texas, Corpus Christi, May 12, 1908.

stones in the gall-bladder and perhaps in the hepatic and common ducts. To my surprise I found the gall-bladder almost normal and no obstruction in either hepatic or common ducts. The head of the pancreas was almost normal. The lymphatic glands along the free edge of the gastro-hepatic omentum were enlarged and felt somewhat like gall-stones. The gall-bladder was drained, with the result that jaundice and pain disappeared for three months. Then the fistula healed up and pain and jaundice reappeared. On June 19, 1901, I operated again, and still finding nothing definite, decided to make a cholecystenterostomy. The opening was made between the gall-bladder and transverse colon, Murphy's button being employed. Convalescence was uninterrupted. For one month no symptoms were noticed. Then typical attacks of pain, colic and fever recommenced. The origin of these could not be understood, although, as the button was never passed, it is just possible that it lay in the gall-bladder and was the cause of all the trouble. The further history of this case showed a gradual, but progressive increase of jaundice. From time to time he suffered from attacks of pain in the region of the gall-bladder. He refused any further treatment and died March, 1905. Before death, jaundice was intense and he suffered from very severe hemorrhages from the nose, and into the subcutaneous tissue. Unfortunately no autopsy was allowed.

CASE 2.—In October, 1905, I operated on a lady, aged 45, who had suffered from repeated attacks of biliary colic. The diagnosis seemed certain. No gall-stones were found. A few adhesions were present around the gall-bladder. The cystic and common ducts felt normal. The head of the pancreas was normal. A few enlarged glands were felt in the neighborhood of the common bile duct. Cholecystostomy and drainage gave relief until the spring of 1907. She then had another attack of biliary colic associated with high fever. The fever was constant and the pains were very intense in the region of the gall-bladder and right lobe of the liver. I consented to reopen the abdomen and succeeded with great difficulty in opening the gall-bladder and inserting a drainage tube. Nothing further was possible. The patient died in a few days and an autopsy, so limited as to be valueless, was performed.

In quoting these cases, I do not wish you to understand me to label them definitely as examples of a cholangitis arising in ducts already congenitally inflamed and narrowed. I merely throw out the hint that some of these obscure cases of cholangitis with or without jaundice, that seem impossible to understand, may have such an origin. The temptation to speculate on their possible origin is irresistible.

SIMPLE STRICTURES OF THE BILE DUCTS.

Stricture of the cystic duct is by no means a rare condition and usually results from ulceration and cicatrization caused by stones.

Strictures of the common duct may be divided into two classes:

1. *Congenital Strictures.*—(a) Narrowings resulting from descending cholangitis (described previously—Rolleston).

(b) Obliterations resulting from congenital malformations at the site of the duodenal budding to form the common bile duct—(Bland-Sutton).

2. *Acquired Strictures.*—Although strictures of the cystic duct are very common, those of the common duct are quite rare except in the neighborhood of the duodenal opening. Still, quite a number have been described in the hepatic, common hepatic and common bile duets, as the result of cicatrization following ulceration produced by gall-stones. Those occurring in the neighborhood of the duodenal opening usually result from ulcers of the duodenum or from ulceration of a stone from Vater's ampulla into the lumen of the gut. Many apparent cases of simple cicatricial stricture in this situation in reality depend on the presence of malignant tumors.

Many instances are reported as cases of stricture where the examination of the duct at the time of operation has been of so imperfect a character as to exclude them from consideration.

For purposes of description they may be divided into:

(1) *Strictures* near the duodenal orifice, i. e., in the trans-duodenal portion of the duct.

(2) *Strictures* in the uppor or proximal portion of the duct.

It is more than probable that more cases of stricture would be discovered near the duodenal orifice if greater care were taken during operation to explore the common duct. During operation on a chronically jaundiced patient the cause of obstruction must be searched for persistently. If no stone is found and the head of the pancreas is normal it becomes imperative to examine the lumen of the hepatic ducts and that of the common duct from end to end. An opening should be made in the side of the common duct and its patency into the duodenum established.

If a stricture is present the end of a probe will be arrested. Sometimes a smaller probe can be passed and this followed by a series of larger probes until the orifice is dilated. Failing in this an olive-headed probe is passed as far as the stricture and held in place. The anterior wall of the duodenum, over the position of Vater's ampulla (i. e., at least two and one-half inches below the pyloric ring) is now incised and the bile papilla found. The orifice is slit up and the common duct followed through Vater's ampulla as far as the stricture, which is also divided; or easier and better still an incision is made on the head of the olive through the posterior wall of the duodenum and the edges of the opened duct stitched to the margins of the cut mucous membrane.

Dilatation of strictures of the upper part of the common duct is hardly to be recommended, because cicatricial closure would appear to be inevitable at a later date. If in the retro-duodenal portion the trans-duodenal operation above described would be perfectly feasible, although it would be open to the objection of entailing a wound of the head of the pancreas.

Otherwise one of the following procedures might be adopted:

(a) The stricture might be incised parallel to the lumen of the duct and the re-established lumen stitched over a rubber tube—(Moynihan).

(b) The stricture might be excised and the ends of the duct anastomosed—(Doyen).

(c) The duct might be divided on the proximal side of the stricture, and the proximal portion transplanted into the duodenum—(Mayo).

(d) A cholecystenterostomy might be performed.

This last operation in cases where the cystic duct is patent would be the operation of choice.

The following case is an example of stricture of the common duct at the duodenal orifice:

CASE 3.—Mrs. C. G. White, aged 21, came under my care suffering from a waning jaundice that had followed a severe attack of biliary colic with all the symptoms of cholecystitis. She had suffered from repeated attacks of biliary colic and had been jaundiced many times before. I suspected a stone in the common duct. Exploration revealed a slightly distended gall-bladder with no adhesions around it. There were no stones either in the gall-bladder or the ducts. The pancreas was normal. The common duct was distended and I

opened it by a lateral opening and explored both hepatic ducts. No stones were found. A small probe was passed towards the duodenum, but failed to enter the bowel. A fine probe was taken and was passed with difficulty, some force being used. I then passed successively larger probes until I succeeded in passing a large gall-stone probe the size of a No. 10 catheter. There is no doubt there was a stricture at the duodenal orifice, but the exact cause rests in doubt. If I had failed to pass a probe, I should have opened the duodenum as suggested previously.

I am more and more convinced that we ought to explore the trans-duodenal part of the duct oftener than we do. Vater's ampulla is a constant pathological menace and the most destructive conditions in this situation are rarely to be discovered by palpation.

The possibility of suture of the common duct after removal of a diseased portion, or after accidental division has been discussed by W. J. Mayo in an exhaustive article in the *Annals of Surgery* of July, 1905. He reports seven cases, in five of which a portion of the common duct was deliberately excised during the removal of neoplasms; in one the common duct was accidentally divided; in one, after cholecystectomy, a biliary fistula persisting, a second operation revealed a cicatricial contraction of the terminal portion of the common duct to a fibrous cord. It was found that with proper precaution end to end anastomosis was possible; the technique adopted being to reduce tension to a minimum by approximating the structures surrounding the common duct by sutures. After this, the ends of the common duct were united with fine catgut all around except in front, where a small opening was left for drainage, just as is done in incision of the common duct for the removal of stones. One case involved the removal of Vater's ampulla (reported later). In a case where the whole length of the common duct was reduced to a fibrous cord, the hepatic duct was transplanted successfully into the duodenum.

They lay great stress on the proper placing of sutures through the contiguous tissues so as to bring the duct into contact with the bowel without tension; and finally describe the technique of implantation as being exactly similar to that of an intestinal anastomosis. Another point insisted on, which is of the greatest importance, is to place the drain *near* and not *on* the anastomotic site. In this way the removal of the drain does not drag away the lymph which protects and seals the line of union.

Passing over the other conditions, such as catarrhal cholangitis and the presence of parasites, I will discuss the effects of tumors occuping the biliary passages.

TUMORS.

With the exception of papillomata the tumors that are met with are invariably cancers. Cancer may be either primary or secondary. Secondary cancer is rarely met with in the bile ducts. In the liver proper and in the hilum of the gland, as secondary to primary tumors in the stomach or pancreas or intestine, it is quite common.

In *carcinoma of the gall-bladder* there is a very close association between the disease and gall-stones. Siegert says that gall-stones are present in as many as 95 per cent of all cases of cancerous gall-bladders. This fact has been further emphasized in recent years, by finding the early stages of malignant disease in gall-bladders removed during operations for gall-stones—(Mayo).

When the disease is confined to the gall-bladder, t only symptoms possible are those produced by the ga stones present, hence the early symptoms present a those of cholelithiasis. The later symptoms are thc due to the spread of the disease such as rapid pı gressive emaciation, the presence of a tumor, and, the common or hepatic ducts become involved, pı gressive, deep jaundice.

I here present a case of cancerous gall-bladder aı bile ducts removed post-mortem:

Case 4.—A negress aged 50, admitted to my service in t Sealy Hospital December 25, 1907. She dated her sickn Thanksgiving day, and we failed to elicit symptoms of ga stones prior to that date. After dinner on that day she w nauseated and vomited several times. The next day she w up and about. A few days later jaundice appeared. Duri the month of December she suffered from diarrhea and pass a considerable amount of blood from the rectum. The sto continued to contain a considerable amount of undigest blood. There was constant loss of weight. A week after t first attack constant pain appeared in the right hypochc drium, which has continued up to the present. On adm sion she was deeply jaundiced and very feeble. A mass w present under the upper part of the right rectus muscle whi extended into the epigastrium and downwards as far as t umbilicus. It was hard and nodular and moved with r piration. There were no symptoms referable to the stomac Operation was refused and the patient died December 31s

Autopsy: A fair quantity of both bile and pus were pr ent in the peritoneal cavity. The gall-bladder was replac by a huge mass of growth which implicated the colon, esp cially near the hepatic flexure. In the center of this grow was a ragged cavity which opened into the lumen of t colon and into the peritoneal cavity. The growth was a herent to the anterior abdominal wall. It infiltrated t adjacent parts of the liver and the extra hepatic bile duc and the lesser omentum. The central cavity of the grow contained a number of facetted gall-stones. The beginnii of the cystic duct was dilated and contained also a numb of gall-stones. Scattered throughout the liver were a nu ber of secondary cancerous deposits some as large as 2 c in diameter. The lymph glands in the hilum of the liver we also the seat of metastases.

Cancer of the extra-hepatic bile ducts produces a most complete obstruction. Cancer of the smalle intra-hepatic branches produces symptoms exactly lik those of primary cancer of the liver. When the extra hepatic ducts are the seat of cancer, the growth (columnar celled carcinoma) is usually small, about th size of a cherry. It produces an annular stricture an as it spreads along the ducts transforms them int thickened rigid tubes. Very early in the case, obstruc tion to the flow of bile results. The ducts behind th tumor become dilated, and if the obstruction is in th common duct beyond the junction with the cystic duc the gall-bladder is usually dilated also.

Clinically the patient becomes steadily jaundiced, th color reaching a dark-green or black. The motions ar clay-colored and gastro-intestinal symptoms make thei appearance. Often attacks of biliary colic mak their appearance, simulating the presence of ston Death usually occurs before secondary deposits mak their appearance, the rapid decline of the patient bein due to the progressive and complete nature of obstruc tion.

The diagnosis of the condition is rarely possibl Exploratory operation in the early stages may reveal hard semi-cartilaginous mass resembling a stone, sur rounding the common or hepatic ducts. Later on th complete progressive nature of the obstruction, the dis tended gall-bladder, the absence of fever and distinc attacks of hepatic colic may help us. Quite a numbe of these cases have been operated on and the growtl

excised; but the results at present are not encouraging —(Mayo, *Annals of Surgery*, 1905).

The last section of my paper will deal with obstructions of the terminal portions of the bile duct caused by cancerous tumors, arising in the pancreas or the bile duct or the duodenal mucosa. *Cancer of the pancreas* is the most common and therefore the most important cause. Its frequency is so striking that every case of progressive deep jaundice must be considered with this possibility in view. Many cancers of the pancreas pursue their course to a fatal end without causing pressure on the common bile duct. But most cancers arising in the head of the gland will sooner or later interfere with the patency of the duct and cause jaundice. Occasionally we meet with remarkably small cancers which surround the common duct so tightly as to prevent any bile from passing, and which cause such rapid changes in metabolism as to kill the patient in a few months. The following case seems to be one in point:

Case 5.—W. P., male, white, aged 58, was admitted to the Sealy Hospital in Dr. McLaughlin's service April 12, 1904. Up to the end of the previous February he was perfectly well. The first symptoms were loss of appetite, insomnia, feebleness and loss of flesh. He complained of a little pain in the neighborhood of the umbilicus. Early in March, he noticed the stools becoming whiter and on March 5th he became jaundiced. The jaundice became rapidly and progressively deeper, and without any tendency to clear up. Weakness and loss of flesh were prominent features. On admission, April 12th, he was very deeply jaundiced and a very sick man. There was no fever. The urine showed evidences of interstitial nephritis. He died April 16th, i. e. four days after admission.

The autopsy showed mild chronic interstitial nephritis. The gall-bladder was very greatly distended. The common duct immensely distended, as were also the hepatic ducts. A small nodular cancer was seen in the head of the pancreas, enclosing the terminal portion of the common duct.

The symptoms produced by cancer of the pancreas depend very much on its situation. If in the tail the symptoms are slight at first, but increase in intensity as the disease spreads towards the head. Progressive emaciation is often the only symptom seen. Often the stools contain a large quantity of undigested fat. Pain is not always noticed, but when it is present it is usually epigastric.

Enlargement of the liver is rarely seen. When the common duct is pressed upon jaundice appears and is almost invariably progressive. It rarely clears up as occurs in cases of stone in the common duct. The gall-bladder is dilated and full of bile—(Courvoisier's law). There is usually no fever. Febrile reactions such as are observed in cholangitis associated with stones in the common duct are very rare and are usually produced by ascending infection from the duodenum. However, they do occur and may prove fertile sources of error in diagnosis. I saw one such case in October, 1906, where the picture was exactly that of cholecystitis and cholangitis. The patient had suffered from two attacks of apparently gall-stone colic, with *fever* and enlarged tender liver and tender distended gall-bladder. I explored the biliary passages and found nothing but a large distended gall-bladder. There was a well-marked cancer of the head of the pancreas.

Usually a satisfactory diagnosis between cancer of the pancreas and cholelithiasis is possible, but we rarely are able to distinguish between pancreatic cancer and primary cancer of the extra-hepatic ducts. Cammidge claims by his so-called "pancreatic reaction" (the formation of certain crystals in the urine) to be able to distinguish these cases.

Finally, I should like to say a few words about cancerous conditions of the termination of the bile ducts and pancreatic ducts, including the ampulla of Vater and the bile papilla in the duodenum. *Carcinoma of the duodenal surface of the biliary papilla* seems prone to cause infective cholangitis of a suppurative character. *Carcinoma of the termination of the common duct* causes intense jaundice and cholangitis of a mild character, accasionally a pseudo gall-stone colic. *Carcinoma of Vater's ampulla* always obstructs the flow of the pancreatic juice equally with biliary obstruction. This causes interstitial pancreatitis, but usually sugar is absent in the urine.

Naturally, growths in this situation can not be diagnosed unless an exploration is made. My previous remarks about the necessity of thorough exploration of the biliary passages, I wish to emphasize in this connection. It is only after the duodenum is opened and an inspection is made of the bile papilla, and after Vater's ampulla is explored, that such growths can be discovered. So far two operations have been performed for this condition. *Halsted* removed a carcinoma of the bile papilla and Vater's ampulla from a woman aged 60. The ends of the common bile duct and the duct of Wirsung were grafted into the duodenum. Three months later the end of the cystic duct was engrafted into the duodenum to relieve biliary obstruction. Death from recurrence occurred within a year. *Mayo* removed a carcinoma of the end of the common bile duct by the duodenal route; recurrence followed in eighteen months.

HYSTERIA—AN INQUIRY INTO ITS TRUE NATURE.*

BY

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The purpose of this paper is to place before you for your consideration not original but new ideas; ideas which as yet have not reached general medical literature. I claim only to have become acquainted with the work, questioned, tested and verified the truthfulness of the conclusions in so far as was possible with the cases available for study.

The day is at hand when the physician who diagnoses as hysteria all the emotional disturbances coming under his observation will be considered as ignorant and untrained as he who diagnoses appendicitis as "colic." It is true that there is an emotional element in hysteria, but it is merely one of many symptoms. Hysteria is not a disease of simple symptoms but of very complex ones. My purpose is to determine the syndrome which must be present before a patient can be correctly branded as an hysteric.

Very little work along this line has been done in America. Psychological training is necessary and our physicians, as a whole, are lacking in this, also the number of patients offering this disease for observation is proportionally small, but is unfortunately increasing as our civilization becomes more complex

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and more strenuous. At the Salpetriere under the patronage of the immortal Charcot the most far-reaching and satisfactory investigations have been undertaken. Germany and America have and are still contributing, and the following are the facts established:

Hysteria is a mental disease—a disease of the cortical centers, a psychical disturbance, dependent upon no organic lesion. It belongs to the realm of psychology, and a proper understanding of its nature can be reached only through the avenue of psychology. It is a psychosis but not an insanity. A prototype of the disease is to be found in absent-mindedness. Hysteria may be considered as an exaggerated and perpetual absent-mindedness, due to a retraction of the field of consciousness. This can be represented graphically in a manner similar to that employed for the contraction of the field of vision as in peripheral scotoma.

From our knowledge of psychology we know that in the normal mind the various sensations which go to make up a perception are first recognized by the consciousness, gain the attention; they are then synthesized, assimilated—associations are established with the contents already present, and they thus become a part of the personality, the ego. In the hysterical mind there is a feebleness of attention, a weakened synthesis; wherefore, the ego, the consciousness, can not gather and assimilate all the psychological phenomena offered by the sensations. The field of consciousness is so contracted that a few sensations are sufficient to fill it completely; and, therefore, a process of selection is necessary. This selection is unknown to the patient and has its abode in the realm of the subconscious mind.

The predisposing cause in hysteria is a pathological heredity; the exciting cause is anything which diminishes the nutrition of the cortex, as disease, hemorrhage, overwork—both physical and mental, or shock—both mental and moral. Men and women alike are affected, though women show a predominance of cases. The age of puberty, both the physical and the psychical, claims the greatest number of victims. While the great physical and psychical changes are taking place the cortex is left unguarded and the taint of heredity seizes the chance to gain a foothold.

The symptoms of hysteria are as definite, if not so easily determined, as are those of general paresis, chorea, or pneumonia. Some of the symptoms encountered are essential, some accidental, to the disease. The accidental are the most striking and the ones noted by the patient and usually by the physician also, the essential being overlooked. The essential symptoms may be designated as the stigmata, the non-essential as the accidents of hysteria.

The stigmata have some characteristics in common; they are permanent, in that they persist as long as does the mental condition, the disease; they vary from time to time in extent and intensity; the patient is indifferent to and even doubtful of their existence. The stigmata may be grouped under five heads: Anesthesia, amnesia, abulia, motor disturbances, and modification of character.

Anesthesia comprises all those disturbances of the ordinary sensations of the perceiving organs, the organs by which the ego comes into relation with the objective. This anesthesia varies from a complete and general anesthesia (very rare) on through a simple hypothesia, up to an extreme hyperasthesia. A true anesthesia is the most common manifestation. These disturbances may be local—isolated spots, one limb or half of the body being involved—systematized, when one or more groups of sensations are involved, depending not on anatomical sections but physiologieal ones, resulting from the ordinary or usual association of ideas in that patient, as in hysterical amaurosis, where the whole or part is involved; general, when the whole body is involved more or less. The special senses are often the seat of this disturbance of sensation, and here are encountered some of the symptoms most difficult of explanation. The contraction of the field of vision, the failure to see red and green, the non-perceiving of some objects, while others are seen clearly, belong to this category. The sensations of heat, cold, electricity, pain and light may be involved. The taetile and museular senses as well also those connected with the joint movements must be determined. The explanation, which at first appears formidable since there is no organic lesion, is not difficult when the idea of absent-mindedness is remembered and developed. In every sensation there is the idea of personality—the ideas must be not only perceived but also assimilated, synthesized, in order to become a part of the personality. In hysteria the field of consciousness is so contracted, the synthesis so weakened, that it is difficult for the patient to form perceptions, and few perceptions are required to fill the contracted field. The patient selects subconsciously for retention those sensations important for the animal life, the others are excluded, and fail to become a part of the personality. Fixed ideas have much to do with those sensations selected, as we shall see later.

Amnesia, like anesthesia, may be local, systematized or general. Local when some one period of life is involved, conneeted with and due to some accident, some strong emotional or moral impression; systematized when certain groups of words or ideas are the things forgotten, as shown in one patient whose natural tongue is English and who knows comparatively little Spanish but who knew no English, only Spanish, during a hysterical attack. This systematized amnesia may involve the motions necessary for the performance of some act, as writing or walking. General amnesia involves the past life and even the present. The mind of the patient may be as devoid of experience as that of a baby, it is comparable to a second birth, everything must be learned again. One patient came under my observation who emerged from a somnambulic state with a mind apparently blank as that of a baby a few weeks of age. She was a woman in college and yet she did not know the alphabet. Latin and French in which she was very proficient, were as unknown to her as if she had never heard of their existence. She did not know even the name of a single object about her, such as table, chair, etc. The process of education was slow and for a few days it looked as if it must be the same as that of a child. On the fourth day the past came back, but the period of second existence and the period of somnambulism were blotted out of memory and have so remained for two years. Amnesia again, may be continuous, irregular, or periodic. It may involve a certain period sharply cut off from the mental images retained; but usually this amnesia encroaches on the anteceding and succeeding events. New images formed may be retained for weeks, days, hours or minutes only. This amnesia varies in extent and intensity, being influenced by the thoughts, the fixed ideas of the patient, by suggestion and by hypnotism

pparently this amnesia does not interfere with the in-elligence of the patient. He is indifferent to the mnesia and it must needs be carefully sought for. o the stranger or the casual observer nothing is want-ng in the intelligence; but to one well acquainted with he former mental condition of the patient and to the areful observer, it is evident that the intelligence, the emory, of the patient is weak. He really lives from ay to day, his amnesia is mobile; therefore, not or-anic; it is contradictory, once he remembers, again he oes not, thus showing that images do exist but below he horizon of consciousness; the psychological assimila-ion is imperfect, and, therefore, few and imperfect mages reach the field of consciousness. The accounts iven by patients of their sensations are not reliable; ue to forgetfulness, which must be distinguished from issimulation and dementia. The amnesia of an ysteric depends on the state of the patient when the mages are acquired, the state when an attempt is nade to reproduce them, the nature of the phenomena nvolved and the state of the patient's sensibilities—is anesthesias.

The explanation of amnesia is the contraction of the eld of consciousness. The associations formed are in-orrect, imperfect and incomplete; therefore, the repro-uction must be abnormal and manifests itself in the arious types and degrees of anmesia. Thus are ex-lained the caprices and the paralyses of hysteria.

Abulia denotes the alterations and diminution of the ill. This weakness of the volition gives rise to ap-arent laziness, hesitation, powerlessness, slowness and ndecision both of ideas and acts. There is a weakness f the will-power and not obstinacy. Inertness is often he first symptom noted in this change of the person-lity. I have a patient who suffers intensely when she ttemps to do so simple a thing as pin on her hat. When told to close a window or move a chair, she roans as if suffering the greatest agony. In the pa-ients the love for all activity is gone; work is volun-ary and with a weakened volition the patient is power-ss to do the simplest acts. In amnesia the patient as forgotten how to go about the work to be done, hile in abulia the patient knows what to do and how o do it but is powerless to do so. The kinetic energy an not be evoked. Abulia, like the other stigmata, ay be local, systematized, or general.

How does this abulia manifest itself? Here, again, ur knowledge of normal psychology must be used. We now that upon volition depends attention, that atten-on is the basis of concentration. In hysteria the at-ntion is slow and requires a great deal of voluntary ffort, which is painful to the patient. All the energy f the patient is consumed when the attention is fixed n one thing and, consequently, new anesthesias and ew motor disturbances arise to cloud the field. The oncepts resulting from this voluntary attention are ill-ormed, not clear and stable, and are imperfectly pos-essed, resulting in doubt and hesitation. The great ffort necessary to direct attention leads to the conser-ation of former acts—physiological movements, the re-exes, habitual and automatics acts and ideas are con-erved; there is an antipathy for the new, since the ttempt to gain it, its assimilation and synthesis re-uires much energy and is, therefore, difficult, painful nd even impossible. If, however, the attention is di-erted and the patient does not voluntarily have to ring it into play, many acts otherwise painful and impossible are performed, through suggestion, without hesitation and suffering. The subconscious mind then has full sway. In a case where the hysteria has developed completely, where the undoubling of the personality exists, it is impossible for the patient to act consciously, since he can not connect the idea with his own personality. There is a mental contraction for acts, a diminution of the synthesis of the perceptions. In this state the accidents of hysteria appear. This condition is not developed with one bound; usually the patient begins by dreaming voluntarily; this soon passes beyond control and old acts can not be stopped nor new ones started, since a new thought is necessary to inhibit the old or inaugurate the new, and the cortex is unable to produce this necessary new thought.

Motor disturbances often manifest themselves in so striking a manner that the stigmata resemble the accidents in this regard. In hysteria the reflexes, the automatic and habitual movements are preserved and often exaggerated. From the study of the abulia of hysterics we turn naturally to the voluntary movements to detect any abnormalities, and are not disappointed. Here, again, we find variations in extent and intensity. All the voluntary movements are simplified, since the entire attention is needed for one movement, and complex ones are impossible. The changes in the voluntary movements may manifest themselves in a *slowness* only, a slackening in their execution, which is proportional to the sensibilities of the patient; or, in an *indecision,* hesitancy, due to the loss of muscular sense and their inability to tell when an act has been accomplished; or, in *paralysis,* complete and abiding, in a more fully developed case. This, again, is a manifestation of inability to concentrate the attention. Hysterical paralyses are motor disturbances due to amnesia—the patient has actually forgotten how to perform the complex movements, and in severe cases even simple movements.

This is in contrast to hysterical catalepsies, which are dependent on abulia. The patient has not the will-power to execute the ideas which are manifested in voluntary movements. Catalepsies are really latent contractures, and are never seen in early and mild cases of hysteria but represent the expression of an extreme abulia, applied to voluntary muscular activity. There is an absence of attention, which leads to absence of self-control; contractures mean complete tactile and muscular anesthesia. All hysterical contractures are first systematized, but with a strong tendency to become generalized. Catalepsies end in contractures if allowed to develop completely.

Modifications in the character of the patient naturally follow such changes in the cortex. The personality is changed. We have already discovered that there is a loss of memory, an inability to concentrate, the attention can not be sustained. When the hysterical roots first gain a hold they cause simply an arrest in the mental development, a standstill in the mental evolution. If the condition continues a mental retrogression is set up and hysteria can easily pass from the field of mental unsoundness over into insanity.

On account of the weakened and imperfect synthesis there is hesitation, incapacity for new instruction. If, however, a new idea does succeed in becoming a content of the perception, it develops with undue proportion. These hysterics are at first day-dreamers, given up to ceaseless reverie, in which variable and incoherent

ideas fill the consciousness. These dreams may become systematized and develop into fixed ideas. These patients are fully occupied with their own concepts, they become indifferent to everything, are led like children and have neither the power nor will to feel. If any work is begun it is indefinitely prolonged and accomplished only when under the guidance of a stronger and controlling mind. Contrary to the general idea, these hysterics have fewer emotions than a normal individual and there is a diminution in the intensity of those they do have, although these may be exaggerated in their manifestation and disproportional to their causes. These emotions are few in number and with a tendency to recur again and again, thus giving the impression that many emotions are being manifested. This tendency to recurrence ends, when completely developed, in these emotions becoming fixed. They are then stereotyped and are manifested with regularity and with as little feeling as the rise and fall of the tides. The emotions possessed by hysterics are usually of a sad and depressed nature. These patients lose all social sentiments and altruistic emotions are foreign to their new personality. The ego absorbs all their intelligence. Here we find the acme of selfishness. They want to be noticed, listened to and petted. They are easily led, are excitable and suseeptible—the controling inhibitory centers are not functioning. Jealousy is a marked characteristic; being simply a manifestation of selfishness, which imagines itself neglected.

These patients are often accused of being coquettish and erotic. Investigation reveals that they are not coquettish but rather negligent of their personal appearance; vanity, an expression of selfishness, may be present but must not be mistaken for coquetry. As a result of the weakened will-power, these patients are always looking for assistance, and naturally the physician becomes the director of their lives and must make all decisions for them, must be the master of their minds. As the physician is usually a man, this relation has led to the erroneous idea that these patients are unduly erotic. This is untrue, they must have a stronger, healthy mind to direct them and circumstances, not sex, determines the role of the physician.

These patients are accused of dissimulation also. This, again, is due to superficial observation. They do not dissimulate but they do feel at one time and not at another; they perform muscular movements at one time and can not at another. Amnesia and dreams are present, varying in extent and intensity; their perceptions are insufficient and incomplete—dreams mingle with reality and their weakened mentality is unable to separate the real from the unreal, the true from the false.

Thus we see the character of these patients is mobile and contradictory—at times the patient is unintelligent and dull, again lively; once apathetic, again emotional; there is a want of unity, a diminution of synthesis, a loss of the personality; they are no longer masters of themselves and their acts.

These cases of hysteria have a development; the hysteria of a child is not the hysteria of an adult. The development of hysteria can be divided into three stages: First, the formative state; second, the state of evolution; third, the established state.

In the *formative state* the changes are found in the sensations. There is no anesthesia at first but an indifference, an absent-mindedness to all phenomena. Only the strong, strange or very agreeable impressi s gain the attention.

The *state of evolution* has already been reached w n most of the patients come under medical observati n. The anesthesia is developed and the contraction of e field of consciousness beeomes apparent; the process f selection of sensations is already established, but sc e mobility, some voluntary effort is still apparent. T s period shows the mobility and instability of stigmata

In the *established state* the mentality, upset and e- duced by disease, has become reorganized. The sy p- toms, all or a few, have become fixed; these habits e now a second nature and not changeable, the anesth a is now regular and unchangeable. It has not yet e- come organic but the paths of association are so w and so deep that a new personality is evolved.

The accidents of hysteria is a subject full of inte t both to the physician and the layman. Here we e- counter phenomena which puzzle the scientific inve- gator to explain satisfactorily, furnish abundant - terial to the gossipers and are taken very seriously y the members of the societies for psychical research.

The stigmata I have shown are unknown to the - tient. The accidents, on the other hand, are w l known to him and are the cause of mental pain. Th e patients, while aware of the suffering, do not know e nature of it nor the cause of the accidents, but t y do recognize them as abnormal. These accidents f hysteria are transient or periodic. They are ne r present in the beginning of the attaek but only wh n a certain stage of development has been reached. Te accidents may be grouped under six main heads, wh h are, of course, more or less arbitrary.

The first phenomenon is called *suggestibility*. Wh e considering the modification of character manifested y hysterics, I noted the tendency for one idea or gro p of ideas to develop unduly and to the extent of filli g the field of consciousness contracted by disease, to e exclusion of all other ideas. When an idea of t s nature gains control of the perceptions, takes up s abode in the surviving mentality of the patient, to - cur day after day or hour after hour, it becomes t e center of the universe for that patient's mental a d physical life and reaches the dignity of being cal d a fixed idea. The dependence of this mentality up n a stronger mind, the subjection of this weakened vo- tion to a masterful one, is the result of suggestibili . By suggestion is meant the act by which an idea is - troduced into the mind and takes up its abode the . Elementary psychic phenomena are made use of by t e mind practicing the suggestion, there is a repetition f former ideas without the subject having personal p- ception of their existence; therefore, they are involu - tary. By suggestion there is a complete developme t of an idea outside the will and the personal percepti n of the individual therefore is subconscious. Sugg - tions are really the parasites of thought, and ev n though they are subconscious their influence is strong and far-reaching that they control the conscio activities of the patient. This was illustrated by a p tient who at times would have an attack on the sig of uncooked meat. By carefully listening and questio ing her, it developed that the sight of blood broug to mind a former shock, due to her having witness the shooting and wounding of a relative. The hyste ical attacks date from this shock, although the patie is not afraid of the raw meat and does not have

attack every time she sees the blood. When lucid she does not know that this fixed idea exists.

Some patients are not suggestible, since they are unable to retain the images of suggestion, or, if able to retain them, are unable to maintain the systematization. The capacity for suggestion varies from patient to patient and varies from day to day in the individual patient. It is not necessary for somnambulism or hypnotism to exist before the patient is open to suggestion. Every physician knows of the existence of suggestion and our province is to determine wherein the abnormality exists in hysteria. M. Charcot says: "Certain centers may be put into play without the other regions of the psychic organ being made aware of it or called upon to take part in the process." There is a lack of mental unity. There is no inhibition present to preserve the equilibrium, the poise of the perceptions; and new ideas are excluded rather than evoke the energy necessary to adjust them and correlate them with the ideas filling the concepts of that life. Suggestion depends on the lack of synthesis, on the weakening of the consciousness. For a patient to be suggestible it is necessary that the automatic association of psychological elements be present, and the individual powers of assimilation and synthesis must be either reduced or altered.

Fixed ideas form another group of accidents showing a step further in the process of the undoubling of the personality. Fixed ideas may be said to be the result of self-suggestibility, or automatic suggestion. Fixed ideas must not be confounded with hallucinations. The insane patient knows only too definitely what ideas are worrying him. Hallucinations develop and have their abode in the consciousness of the affected mind, while the hysteric is controlled by subconscious ideas while not recognized yet determine the personality. You may ask how, then, are we to determine these fixed ideas which develop in the subconscious mind? They may be discovered and determined, first, during attacks when they are manifested by word or act; second, during dreams, a natural somnambulic state, wherein the subconscious phenomena become the only ones for the patient; third, during imposed or induced somnambulism or hypnotism; fourth, during automatic acts taking place in the waking state of the patient.

As a result of these ideas developing and controlling the mentality, paresthesias, dysthesias and so on develop. It means only that the entire attention is absorbed with these subconscious ideas and these perceptions are still more restricted and the absent-mindedness still more accentuated. The fear of color, as red, of metals, as gold, of electricity; in fact, all the phobias which constitute such striking symptoms in hysteria, have for their basis some fixed idea which must be determined before it can be met and conquered. The various tics, choreic movements, paralyses and contractures, all have their origin in fixed ideas which are psychologically subconscious. These fixed ideas can usually be traced back to some accident which has caused great emotional disturbance or to some great mental and moral shock. Injury to or disease of some organ may be the basis for the fixed idea. Fixed ideas are usually permanent in their sway and remain in the subconscious realm, but at times they become so insistent as to pass beyond the bounds of subconsciousness into the conscious mind.

Attacks.—We have anticipated this subject so much that it now appears rather familiar and needs a few words only to clear up its true nature. An attack is a group of accidents, a complexus. All patients are not able to develop their fixed ideas sufficiently to give rise to the manifestation known as attacks. Only about 35 per cent of hysterical patients show this complexus; it is usually seen only in those who have had some great emotional disturbance from which their hysteria dated. Attacks are periodical and of short duration. There are three main types of attacks: the emotional, the convulsive and the syncopal. The emotional attacks are usually preceded by or ushered in by an aura, which on investigation can be determined. This aura is followed by a nervous crisis. To this category belong those cases where crying, singing, tearing of the hair and similar manifestations are the symptoms most in evidence. The convulsive attacks also are ushered in with an aura followed by convulsions and tonic contractures. The patient never bites the tongue nor turns purple in the face as in true convulsions. The attack ceases suddenly and the patient is surprised; is at a loss to understand his own feelings or the actions of those about him. He passes at once from the attack into a conscious state and can not understand why he feels as he does nor why those about are concerned with him. In the syncopal attacks the aura precedes a faint, during which the patient is very quiet or shows a few rhythmic movements (always diagnostic when present). The face is pale, the respiration retarded but the heart-beat is normal. This type is of short duration and is usually ended by a natural sleep. The aura may be psychic or physical. The psychic are often subconscious. There may be a change of disposition merely, dreams, or a certain definite group of sensations. The aura is always the same in the same patient and is a repetition in part or in full of the original disturbances by which strong and painful moral impressions manifest themselves. Attacks are at first local but become generalized as they develop more completely.

Clownism differs in no essential from the other accidents of hysteria and is really only a manner for the manifestation of fixed ideas. The ideas develop outside the will of the patient and are expressed in words and acts uncontrollable by the patient and are usually the source of great mental suffering. There is no desire on the part of the patient to play the part of the fool.

Ecstacies are a true manifestation of hysteria, an attack in which the emotional phenomena and the convulsive movements are reduced to a minimum. The mind, the field of consciousness, is filled with ideas of an intellectual rather than an emotional nature. Ecstacies are characterized by immobility, during which the patient stares, with unseeing eyes, into space, and absolutely indifferent to surrounding phenomena. Images, either visual, verbal, or auditory, fill the mind to the exclusion of all other perceptions. No sensations reach the ego; it is absorbed with its own images. Ecstacies may be preceded or followed by convulsions. To this belong the old-fashioned trance. These ecstacies are automatic in their recurrence and manifestation, but like the other accidents may be modified by suggestion and imitation.

Automatism is a characteristic common to all these accidents. Emotions, images, ideas and motions are re-

produced automatically in the mind and give rise to these various accidents connected with fixed ideas, and thus vary from time to time in their complexity. Fixed ideas are psychological automatisms, concealing the other contents and absorbing the entire attention. Fixed ideas can not develop except there be a weakened will and a reduced attention. Young patients are more influenced by imitation, adults more by actual suggestion.

Somnambulism.—This group is placed for convenience of consideration under accidents, since it is not essential to hysteria and is seen only in a small per cent of cases. In reality it is the expression of the extreme development of the hysterical state. It may be defined as an abnormal psychological condition distinct from the normal life of the individual. It is a second existence of which there is no memory when the patient returns to the normal. We find a natural and an induced somnambulism. The natural is automatic and due to self-suggestion, and develops during normal sleep or is reached through the route of reverie, automatic and uncontrollable. The purest example of this is found in the sleep walker. Induced somnambulism, the result of external sugestion, is more common today than the natural, being seen in its purity in hypnotism, developed ordinarily during an induced sleep. In order to produce a hypnotic state it is necessary that all the attention of the subject be concentrated on one thing, thus rendering the mind, the personality, indifferent to all other sensations; it is a condition whereby the field of consciousness of the subject is contracted according to the will and at the dictates of another mind. Different modes for fixing the attention have been devised, the end being the same. In somnambulism the complete disintegration of the mind, the undoubling of the personality, is seen in its most complete manifestation. Somnambulism varies in the different patients, it depending on the extent of the disintegration of the mind. Mental activities are divided into conscious and subconscious. Our study of somnambulism suggests at least the possibility of gradations in the consciousness of this subconscious mind whereby the different types of somnambulism may be explained. One patient shows a disintegration whereby two states result, the normal and the somnambulic. Others show a normal and two somnambulic states, others show a normal and three somnambulic, while still others show only somnambulic states. The first is explained on the ground of a simple undoubling of the personality, a separation of the conscious and the subconscious personality. The second represents a division into the conscious mind and subconscious 1 and 2, and so on throughout the list, representing a still further disintegration of the personality until a state is finally reached in which the normal has been lost and the personality representing one of these subconscious gradations fills the place and a new personality is evolved. The normal personality retains no memory of the somnambulic, and the various somnambulic states are related in many complicated ways, as yet explainable through our ignorance on the subject.

Patients in somnambulism show different degrees of intelligence. The patient may be wide-awake apparently and taking a part in the life about him, yet by writing, gestures, or words, discloses the content of the subconscious realm. They see, hear and do things in spite of themselves, involuntary, unconscious and yet intelligent, and taking place while the normal thought and consciousness is intact, but the perceptions are diminished the synthesis weakened. Again, during somnambulism the patient is unconscious, immobile and profoundly asleep. The sensations, however, continue to make impressions—the subject hears, feels or dreams, and when passing from this state into a more normal one he relates all that transpired during the somnambulic state. In still another form the eyes may be opened or closed, the essential thing being the spontaneous movement of the patient; it is a moving somnambulism during which the patient is very suggestible, the ideas suggested develop completely and are fully realized. In complete somnambulism there is a total disintegration of the personality and a readjustment whereby a new individual is created. The somnambulic state becomes the normal one and the intelligence takes on its highest development. The whole life is remembered, all the somnambulic states, all the stigmata, all the accidents; suggestibility no longer exists; voluntary action replaces involuntary; all the accidents and stigmata disappear; there has been a complete undoubling of the personality and a reconstruction on another plane. This is a very rare but a very elucidating manifestation.

In conclusion, then, hysteria is a malady of the cortex, characterized by a contraction of the field of consciousness, due to a weakened synthesis. From the first a division of the consciousness exists, varying from a rudimentary state up to a complete and permanent division of the personality. The attention is slow in fixing itself, is accomplished by accidents and is quickly exhausted. The lack of synthesis allows parasitic ideas to develop completely, manifested by psychical disturbances with physical expression.

If the views set forth here are accepted, then there must be a great change in the treatment of hysteria. The patient must be isolated, must be removed entirely from the old environment, and the physician must have absolute control of the physical and psychical life of the patient. It is a disease absolutely beyond the control of the patient, and the sooner the physician realizes this the better for the prognosis.

DISCUSSION.

Dr. G. H. Moody, San Antonio: Dr. Holliday has described most beautifully the classical symptoms of hysteria. Contrary to the popular opinion hysteria is not frequently seen. Physicians see cases every day which they are prone to diagnose as hysteria, but which in reality merely show a few manifestations of an hysterical tendency which have been elicited by the existence of some other physical disturbance developed in a neurotic individual. I believe there are doctors who have practiced medicine all their lives without having seen one genuine case of hysteria. Hysteria occurs in neurotic types, and is itself a stigma of degeneration. Few cases present all of the symptoms described in the paper.

Dr. Holliday, closing, said that many cases diagnosed as hysteria, were simple emotional disturbances and do not present the complex of symptoms necessarily present to justify a diagnosis of hysteria. Disturbances of sensations, of the emotions, of the will, of the memory or the intellect may, and often do, occur and should be recognized as such and not be diagnosed as hysteria and dismissed as such. Others are diagnosed as hysterical insanity and sent to the asylums, which is a grave mistake. When the members of the medical profession recognize that hysteria is a disease absolutely beyond the control of the patient then and only then will a rational and effective treatment be evolved.

RADICAL OPERATION FOR INGUINAL HERNIA.*

BY

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The man who is the unhappy possessor of a rupture is a cripple at the best, and is handicapped by a daily burden which no one realizes except the man who wears a truss. If the truss is worn tight enough to hold up the rupture, it chafes, irritates and is a constant source of pain and discomfort, both mental and physical. He is in danger at all times of his rupture becoming strangulated. He is debarred from service in the army and navy and many other occupations under the government, as well as in civil life, where an active life is necessary. He is unable to enjoy any sport requiring muscular exercise. In fact, he is an invalid and a cripple, restrained in his choice of a livelihood and his pleasures. Only an operation for radical cure will give him relief and place him on a level with his fellow men. Fortunately our modern surgery offers this man an operation almost entirely free fom danger with a very short detention from work; after which he will be a well man to work or play as other men, and best of all with a very small chance of a recurrence.

The mortality of this operation is practically no greater than that of the anesthetic; the detention from business, not more than three weeks and the chances of a recurrence anywhere from one to ten years, depending upon the operator and his technique.

I have performed the operation under regional anesthesia with cocain, spinal anesthesia with tropococain and general anesthesia with chloroform and ether. Each method has its advantages and disadvantages and should be selected according to the case. Generally speaking, I prefer ether, believing it safer, and the operation can be done quicker and with less strain on the surgeon.

In the acquired form of inguinal hernia we have always three constant factors at work in its production. *First.* The intra-abdominal pressure due to muscular contraction of the diaphragm and abdominal muscles. *Second.* A part of the viscera, usually the omentum, or a knuckle of gut ready to act as an entering wedge. *Third.* The peculiar anatomical weakness of the abdominal wall of this region, which appears to invite or offer special inducement to this form of rupture. This weakness is not only caused by the passage of the testes through the abdominal wall leaving the inguinal canal, but also by the three depressions on the inner side of the wall of the canal. The first just external to the deep epigastric artery, the second, Hesselback's triangle, and the third, behind the conjoined tendon.

In the erect position, I doubt if there is ever a time when some portion of the viscera is not engaged in one or more of these depressions or weak spots. In this position, also, we are most apt to have increased intra-abdominal pressure, due to violent contraction of the abdominal muscles and other causes, and as fully one-quarter of our male population have poorly developed abdominal walls, it is easy to see why we have so many inguinal herniæ, estimated at 20 to 25 per cent after middle life.

The first of these factors, the increased abdominal pressure, we can not deal with in our operation; the second to only a limited extent by excision if we find the omentum in the sac. To the third factor, the weakened abdominal wall, we must apply all our skill and ingenuity to so repair, build up and strengthen as to effect a cure. To this end we must obliterate as far as possible these weak spots and be sure we do not make others just as dangerous.

Of the many operations for radical cure devised and performed by different operators, all have for their main purpose the repair and strengthening of the weak spots in the abdominal wall in the inguinal region. The injection method of obliterating the sac by the introduction of irritating substances is only mentioned to be condemned as dangerous and unsurgical.

Of the older operations, McEwen's may be said to have been the beginning of our modern operation for the radical cure of inguinal hernia. He made a pad or truss of the peritoneum, lining the sac, and after dissecting up the neck of the sac a half inch or more into the internal opening, and by a series of sutures forming his pad, hoping to obliterate this opening, he also united the conjoined tendon to Poupart's ligament. This operation was performed more or less successfully up to the year 1888, when Halsted and Bassini, working in different countries, conceived the idea that the cord and its vessels lying in the inguinal canal was the chief cause of the weakness of this region and that by transplanting the cord to a new bed and obliterating the old one, by uniting the internal oblique, transversalis and conjoined tendon to Poupart's ligament they would effect a cure. The two operations differ only in their method of transplanting the cord and coming as they did with the era of antisepsis and asepsis added great impetus to making this operation successful and popular and are today, modified in some slight detail, performed by the great majority of surgeons.

The one objection to be argued against both these operations is that in transplanting the cord a weak place is left around the opening through which it passes and experience has shown that at this point most of the recurrences take place.

The operation I like best, and which has given me the best satisfaction is one I saw performed first at Johns Hopkins three years ago. (I think it is called Halsted's modified operation.) It differs from the Bassini and Halsted's operations only in the fact that the cord is not transplanted and portions of the sac with the cremasteric muscle are left under the internal oblique while the transversalis is made an extra covering for the canal and the aponeurosis of the external oblique is overlapped to the extent of half an inch more or less.

Bloodgood's modification of Halsted's operation, consists of bringing down the lower edge of the rectus muscle to unite with Poupart's ligament, in cases where the internal oblique, transversalis and the conjoined tendon are weak and poorly developed, which adds greatly to our success in this class of cases.

I think we will not find a greater difference of opinion on any subject of surgery than that of the proper suture material for hernia. I have used them all; silk, silver wire, catgut and kangaroo tendon, and prefer the two last named properly prepared. In my opinion

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there is little difference which we use. If we put sterile sutures into a clean wound we will get good results.

The points I would like to emphasize in this paper are:

First. Asepsis and primary union are absolutely necessary to enable us to secure the best results in hernia operations.

Second. The neck of the sac should be dissected up as far as possible. When released it will retract and obliterate the funnel-shaped depression at the internal opening and the other two openings before mentioned.

Third. It is not desirable to transplant the cord, as most recurrences take place at this point.

Fourth. Portions of the sac and cremaster muscle may be used to great advantage in closing the inguinal canal.

PUERPERAL INFECTION.*

BY

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Puerperal infection is a disease that has attracted the attention of the medical world for ages, and the mortality at times has been very alarming. In Chicago, Bacon reported that from 1856 to 1896, twelve and three-fourths per cent of all deaths of women between the ages of 20 and 50 years were due to infection. In 1873 he says the mortality was 20 per cent, and this was true also of other countries.

Ingerslev, of Denmark, says: "Consumption excepted, puerperal infection is the cause of more deaths than any other disease." Boxall and Byers showed similar conditions in England. The idea that puerperal infection is contagious was suggested by Kirklan in 1774. Gordon, of Aberdeen, in 1795, reported seventy-seven cases treated, and laid stress on the contagiousness of the disease. However, not until the days of Holmes and Semmelweiss was there a proper conception of this dreaded disease.

Oliver Wendell Holmes, in an essay, in 1843, emphasized the contagiousness of the malady. Semmelweiss was the first, in 1861, to call attention to the fact that it was a wound infection and could be prevented by the proper cleaning of the hands before touching the parturient. He introduced his method of cleaning and caring for the hands into the Vienna hospital, where the mortality was 10 per cent, after which it was reduced to 1 per cent. These advancements were bitterly opposed by such men as Meigs and Hodge, the former declaring it a disease of Providence, as he could not understand it. It rested here until that distinguished surgeon, Lister, put into practical operation his methods of asepsis and antisepsis in surgery, after which the obstetricians took it up; hence today the mortality is a fraction of 1 per cent. Stadfeld, of Copenhagen, was the first to use bichlorid of mercury, which was a Godsend to women.

Puerperal fever is the result of a wound infection. It has been proven by many that the materias contagii is carried to the parturient, and that it is a hetero and not an auto-infection, as once taught. The germ is most likely to be carried by those who have been treating infected wounds, such as erysipelas or diphtheria, or who have made recent dissections or held autopsies.

That it is due to a micro-organism, and that it is infectious I think no one today will deny. It may be due to a variety of micro-organisms, but the streptococcus is the most frequent and is the cause of most fatal cases. The staphylococcus, the colon bacillus and a number of putrefactive anerobic as well as the dyphtheritic bacillus are found; also, occasionally the pneumococcus. Among the rare forms are the gas bacillus of Welch; and the gonococcus. Some authorities claim that a great many of the fevers following childbirth are due to this last cause, and that it is not serious. I have had only one case and will here report it:

Mrs. B., aged 20, a primipara strong and healthy, labor normal, without any laceration; did nicely until the third day, when she had a chill and fever. I was called, and suspecting infection, proceeded to clean the uterus, though I found but little. The next day I douched her again, and continued to do so for three or four days, when she seemed well and was dismissed. A few days later I was called again, and found she had had another chill and high fever. At this time I found tenderness over the left tube and ovary. I took some of the secretions and made a microscopic examination and found gonococci abundant. On investigation, I ascertained that the husband cohabited with her a few days before confinement; he did not know at the time that there was anything wrong with him, but that same day the gonorrhea developed. Had I known this during the first treatment, there is no doubt in my mind but that I might have limited the infection and saved this poor, innocent woman untold suffering, besides preventing her being left with both tubes and ovaries diseased, which will finally have to be removed before she is well.

Mixed infection, as the streptococcus with the colon bacillus the staphylococcus with anerobes, occurs more frequently than infection with a single micro-organism. Laceration in any part of the genital tract, retained secundines, blood clots, and the placental site, furnish the necessary fields for infection.

Symptoms.—The patient will apparently be doing nicely until the third or fifth day, when she will be taken with headache, perhaps aching more or less all over. The lochia having stopped or practically so, the patient feels and thinks that she has contracted a cold, soon this condition is followed by a chill, usually a hard one, and later by high fever. This symptom varies according to the virulency of the infection, but unless prompt and proper treatment is resorted to there usually follow other chills, each seemingly worse than the preceding. I do not remember ever having seen a case that did not begin with a chill. You can not tell from the symptoms just what kind of an infection is present. As a rule, there is greater prostration with the streptococcic infection than with the saprophytic, though occasionally the low virulence of the streptococcic infection will make the symptoms less pronounced.

A thorough examination will assist in arriving at the nature of the infection. If on inspection of the vulva, vagina, and cervix, there are found no abrasions or lacerations, then the focus of the infection is probably in the uterus. If there be a profuse, foul-smelling discharge, there is probably decomposition of blood clots or retained secudines, known as the putrid or saprophytic form. If the uterus be clean, without much discharge, it is probably a streptococcic infection.

A differential diagnosis can be made only by means

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of the microscope. I take the position that it is unnecessary to make a differential diagnosis, at this time, for the reason that the treatment is the same in the beginning.

I do not believe the secretion of milk is ever the cause of fever. All such fevers are septic. This view was taken by Dr. D. Espine, as far back as the writings of Barker.

Treatment.—The treatment I have used for the past fifteen years, successfully, has been to douche the vagina thoroughly with hot, boiled water, and then a one to two thousand bichlorid solution. If there are any lacerations, I cauterize them, and treat them as any other wound. After having the vagina and cervix clean, I pull down the uterus with the volcellum forceps, steadying it and curetting, beginning at the fundus, and scraping to the external os, going over the entire surface thoroughly. After having removed everything, I irrigate with boiled water, as hot as can be borne, using one or more gallons, or until there is nothing in the return water, then I follow it with a one to eight thousand bichlorid solution, one-half to one gallon at a time; after which I pack the uterus with iodoform gauze. If the patient does well let her rest twenty-four hours and repeat the treatment, except the curettage. However, should there seem to be any indication for a second curetment, I never hesitate to repeat it, as there is no danger from the dull curette, and I never use any other kind in these cases. I believe that the broad, dull curette does not open up new avenues for infection, as some think, but that it is cleaner and better than the finger. I must admit, however, I have never been able to clean out a uterus with the latter. A few hours after the treatment the temperature usualy drops and the patient is better in every way.

If the trouble be saprophytic, immediate improvement is certain. Should there not be a marked improvement in ten or twelve hours, I would irrigate again and repack. In the putrid form, a thorough cleaning out, a few douchings, and the patient is well. The streptococcic infection will not yield so readily, but I maintain that if the focus of infection is kept clean, nature will take care of the rest of the poison, just as it does any other wound infection. I have had cases where one irrigation a day was insufficient, and it became neeessary to use two. I know that there are some who object to the douche and rely on swabbing, but the fact that they swab proves that they are trying to clean the parts, which I insist can not be done so effectively as with a douche, and it only remains to be proven that the douche is harmless to maintain my contention. I agree that used carelessly it may do harm by forcing the germs out of the tubes, but where the return current is good and not too much pressure is used, there is absolutely no danger of this happening. I do not use bichlorid exclusively, but often creolin—never carbolic acid. It has been claimed that bichlorid is dangerous and deaths have been reported from its use; I do not believe it, but think the deaths were due to other causes. There may be enough bichlorid absorbed to act on the bowels, and should they be inclined to become too active, substitute ereolin, and you can absolutely control its effects. The fact that it is absorbed and effects the bowels, makes me like it the more, for we not only get its antiseptic effects locally, but constitutionally as well, which I believe to be of great benefit. I use gauze packing to get better drainage and to cause the uterus to contract. This is very much to be desired, as it shuts up the blood-vessels and lymphatics, thereby lessening the chances for the absorption of toxins.

Should the infection get into the tubes or ovaries, or become general and there be nothing in the uterus, I would stop the uterine treatment and rely on rest, opiates, local applications to the abdomen, and good supportive treatment, with iron, quinin and strychnin.

I have only tried anti-streptococcie serum in one case, when I gave two doses in twelve hours without any apparent benefit, and left it off, resuming the old treatment, and I am proud to say the patient recovered. I have investigated the serum treatment, and the weight of evidence is against its value. However, it appeals to me as being along right lines.

DISCUSSION.

Dr. Pierre Wilson, Dallas, urged determination of the character of infection. Streptococci are not easily overcome by phagocytes and staphylococci are readily overcome. Inflammation from the gas bacillus it is useless to try to check. The more virulent the infective agent the quicker the manifestations. In the rapid forms the streptococci are usually present.

Dr. N. J. Phenix, Colorado, suggested that gauze saturated with alcohol may be used with perfect safety. Advises use of antistreptolytic serum. Recalled case in which the fetus was dead. The patient had high fever and rigor, was thoroughly irrigated and packed with gauze saturated with alcohol. The inflammation was extreme; used antistrepolytic serum and in twenty-four hours the fever went to normal with prompt recovery. In a case of abortion followed by systemic infection he used this serum with no benefit; used another make and the patient recovered.

Dr. J. G. Baldwin, Honey Grove, has frequently noted slight fever in the first few days. Believes a chill is a sign of trouble. Endorses treatment advocated. Personally has never had serious trouble, but there has been much of it in his town. Some physicians have had to leave town on account of puerperal infection.

Dr. B. R. Beeler, Mineral Wells, uses stimulants, strychnin and alcohol. Is afraid of quinin on account of cell destruction. Has used serum in one case of profound sepsis with no benefit. Used Pyron's operation and secured prompt recovery. There should be free drainage within and about the uterus.

Dr. F. E. Ledbetter, Tioga, believed that the use of alcohol is rational and valuable. He packs the cavity with sterile gauze and inserts catheter through which he pours alcohol and obtains a remarkable effect.

Dr. J. F. Y. Paine, Galveston: Symptoms of this condition are variable in degree. In septic endometritis chills, high fever and lymphatic involvement are early symptoms. This is usually the deadly form. The traumatic form may be as late as three weeks in appearance. The most important treatment is prophylaxis. There has never been a case of puerperal infection in John Sealy Hospital. He has seen five cases with one midwife and four deaths. Benign fevers are very transient. An obstetric pulse which rises over 100 is suspicious. A slow pulse is always a good sign. Whisky should be given in the beginning and can be given liberally. The use of antistreptolytic serum is often valueless on account of mixed infection. Hypodermoclysis of normal salt stimulates eliminations. All eliminating organs should he opened. Wealthy women are usually not so well taken care of as paupers in the hospital.

Dr. McCracken, closing, emphasized early and radical treatment. There is no excuse for carrying infection. Believes nurses and attendants are more largely responsible than doctors. The uterus is a better breeding place than the blood. Thinks the original focus is easy to destroy if the case is diagnosed early and the proper measures instituted. Doctors often infect patients from purulent discharge from their nose.

BIER'S HYPEREMIC TREATMENT OF WOUNDS AND ACUTE INFECTIONS.*

BY

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AUSTIN, TEXAS.

The treatment of tuberculous joints by means of hyperemia has been in constant use by Professor Bier, of Berlin, and his assistants for the past twelve or fifteen years and with very satisfactory results. It is only during the past two or three years that this method has been applied to the treatment of acute conditions—wounds, infections, fractures, etc.

It is my purpose to confine my remarks to its application in this newer field of acute infections and wounds as now practiced by Professor Bier and his assistants.

It was my good fortune to see this treatment in daily use in the Langenbeck Hospital in Berlin, under the general direction of Professor Bier. I had the further good fortune to receive a special course of instruction in its uses and application under the personal direction of Professor Schmieden, first clinical assistant to Professor Bier. Beginning this course with many doubts as to its efficacy in the conditions for which I had heard it so highly commended, or rather, disbelieving its power to combat, without the use of other means, the grave infections, as was claimed for it, I was both surprised and gratified to witness the very remarkable results following its use even in the severest forms of infection. Without the use of any other agent whatever, without cleansing solutions such as sterile water or antiseptics or any other applications, fresh wounds, soiled, blood-stained and infected wounds, I saw heal promptly and without any untoward symptoms under the treatment of the Bier hyperemia alone. The results to me seemed truly wonderful. I saw infected wounds of the hand, phlegmon or so-called blood poison, with rapidly developing redness and swelling, fever and pain, the swelling and redness in some cases extending to the elbow, promptly checked and completely cured, a good, useful hand resulting, by the Bier hyperemia treatment only. I saw carbuncles, boils, abscesses, erysipelas and gonorrheal joints cured surely and promptly by this means.

Professor Bier instituted this treatment on the hypothesis that increased blood supply to an infected area or a wound, as evidenced by redness, swelling, etc., is nature's method of combating the invading germs. In other words, nature's weapons of defense. To increase the amount of blood in the field of infection is coming to nature's assistance in its battle with the invading bacteria.

He had the idea that to increase the amount of blood in the part would effect a cure, first, by diluting the poison, and second, by increasing the number of phagocytes, thus increasing nature's army of defense.

Professor Bier claims for the treatment that it suppresses infection, or, in case the stage of suppuration has been reached, it will hasten resolution by diluting the bacterial toxins and allow the body to absorb them when so diluted by the edema, without danger to the organism. He claims that it reduces pain in the joints or other infected parts; that heat, redness and swelling disappear and mobility of the joints is more quickly restored.

Professor Bier makes use of three different methods in producing hyperemia: First, the elastic bandage; second, the cupping glass, and, third, the hot air box. The first and second methods act by interfering with the return flow of blood through the veins and both produce passive hyperemia; the third, or hot air treatment, induces hyperemia by increasing the amount of arterial blood flowing to or into the affected parts, and it therefore produces active hyperemia. The first and second methods, bandage and cupping glass, are made use of in the treatment of acute conditions, and it is to them that I shall call your attention at this time.

The bandages used by Professor Bier are, first, those for the limbs; second, a special bandage for the neck; third, a special one for the shoulder; and, fourth, a scrotal bandage. The limb bandage is made of rubber about two and a half inches wide, very much like the Esmarch anemia bandage, only perhaps thinner and more elastic. It is made of pure gum that it may be evenly applied without wrinkles, and very thin and elastic that the pressure may be more easily regulated. The neck bandage is made of a strip of garter elastic about three-fourths of an inch wide, and has a hook sewed on one end and several eyes on the other end. These eyes are so placed that the bandage can be adjusted at different degrees of pressure as each individual patient may require. To make the shoulder bandage a folded cloth or handkerchief is first tied loosely around the neck, then a piece of large, smooth rubber tubing about three-fourths of an inch in diameter, is placed around the shoulder, that part of it occupying the axilla being well covered with cotton, and the two free ends of the tubing are passed through the loop in the cloth which surrounds the neck and are held securely above it by a pair of hemostatic forceps, the rubber tubing being drawn well up into the axilla. Two cloth bands about two inches wide are then attached to the rubber tubing well toward the lower part of the loop, one in front and the other behind. These two bands are brought around the body, meeting under the opposite arm and are there tied or otherwise fastened. The amount of hyperemia in the arm and shoulder can be regulated by the pressure of the tubing surrounding the shoulder. The scrotal bandage is made of medium sized rubber drainage tubing which, after the testicles have been pulled well upward (the patient in the recumbent posture) and the pedicle thus formed well covered with cotton batting, is wound once or more around the base of the scrotum and the ends of the tube are fastened with a clamp or they may be crossed and tied with a piece of tape. The degree of hyperemia is indicated by the color of the skin of the scrotum and the engorgement of its veins.

Some difficulty will be experienced in so applying the bandages as to produce just the proper amount of pressure. Usually the beginner will make too much pressure, especially if the bandage used be a thick one. A very light degree of pressure only is necessary and great harm may be done if the bandage is applied too tight. This is perhaps the greatest danger in the use of the hyperemic treatment.

The limb bandage is applied in a spiral manner from above downward, each fold overlapping the preceding one about one-half or more of its width and an area of from five to eight inches of the long axis of the limb is covered, the larger limb (the leg) requiring the longer bandaged area. In some cases the bandage will irritate the limb at the point of its application, then a flannel bandage should be first applied and then the rubber bandage over the flannel one. In other patients

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it will be found impossible to produce a sufficient amount of hyperemia without interfering with the pulse, which must never be done. In these, hot applications may be first used over the area to be covered by the bandage, then the rubber bandage is applied directly to the skin. In case this fails tincture of iodine may first be painted over the skin which is to be covered by the bandage.

In applying the bandage treatment three important guides must be kept constantly in mind. *First,* the pulse must never be interfered with or altered; that is, the pressure must never be applied so strong to the limb as to affect the pulse in its distal extremity. *Second,* the pressure must produce no pain. There may be slight discomfort after the bandage is applied, but there should be no pain produced by it. *Third,* the color of the limb must not become blue nor white. When the bandage has been applied there will slowly develop a slight discoloration, a bluish red color, then we know we have a hyperemia. If this color loses its red tint, the limb becoming blue or white, or if the pain in the limb increases, or the pulse in its distal end becomes weak, then the bandage is too tight and must be removed and reapplied more loosely. Either of these three conditions developing after the application of the bandage calls for its removal and reapplication. The pressure exerted by the bandage must not produce coldness of the limb. It is further necessary to have no constricting bandages or tight dressings applied to the limb below the hyperemia bandage.

The wound should be dressed with sterile gauze loosely applied, with a sterile towel surrounding it. No constricting bands are to be permitted. The swelling in the limb will naturally increase for a time and this should be, since one important purpose of the treatment is to increase the amount of blood in the infected parts thereby, as its author claims, diluting the poison and increasing the number of phagocytes. The limb is placed on an inclined plane a few degrees lower than the body while the bandage is applied, and after the bandage is removed the limb is elevated a few degrees higher than the body to favor the reduction of the swelling. In acute cases the bandage is left on for twenty or twenty-two hours (usually twenty) each day. It is then removed and left off, with the limb elevated, for two or four hours (usually four) before being reapplied.

After the bandage has been removed the swelling gradually subsides and the fever, which has fallen some degrees while the bandage was on, now rapidly rises, in some cases going higher than before the bandage was first applied, but this is not dangerous, because it will quickly subside when the bandage is again applied. Before again applying the bandage search should be made for any possible abscesses in the limb, and if found the pus must be evacuated by a small incision and a cupping glass applied to draw out the pus. It will be found much easier to locate the abscess at this time because the swelling in the limb is much reduced after it has been elevated for two or four hours. Neither gauze packing nor drainage tubes should be used in these cases.

It will be noted that the patient is in the recumbent posture when under treatment with the bandage. It is also necessary to have him under the constant surveillance of a trained nurse in order to keep up the proper amount of hyperemia. In my own work I have found it necessary to remove and reapply the bandage several times during the twenty hours of its application because of changes in the amount of blood pressure. Sometimes, after the hyperemia has seemed to be just right for an hour or two, it will change, the color of the limb becoming too light or too dark, indicating a too loose or too tight bandage. In either case it is necessary to remove and reapply it, because if too loose it is doing no good and if too tight positive harm may be done. Some experience is necessary to know just the proper amount of hyperemia to produce, but if the three cardinal rules of guidance—a bluish red color, no pain and non-interference with the pulse—be kept constantly in mind it is hardly probable that any damage will be done.

The second means of producing hyperemia, viz., with cups or suction apparatus, is used mainly in the treatment of boils, carbuncles, abscesses and mastitis. The cups used by Professor Bier are made of glass, different sizes and shapes being used, and have a rubber bulb attachment for producing the vacuum. Some of these cups are round with smooth surfaces, others have a "U" shaped surface for fitting to the convexity of the limb or part to which they are to be applied and some are flattened in order to fit into creases or depressions like the groin. They are made of these different sizes and shapes to cover the area which it is desired to enclose in the hyperemic process and to fit on the surface to which application is to be made.

In applying them the edge of the cup and the skin to which it is to be applied are first covered with vaseline, the bulb is depressed and the cup fitted on the skin surface when the suction exerted by the expansion of the bulb draws the tissues into the cup producing the hyperemia. The amount of hyperemia produced by them can only be judged by the color of the skin and the degree of pain produced by the suction. In their use we haven't the pulse to serve us as a guide, but since they are to remain in position for only five minutes at a time before being removed no harm is likely to result from the application if the color of the skin which they enclose is bluish red, neither blue nor white. The cup must enclose an area larger than the inflamed one else it will cause too much pain and will fail of its purpose. The total time of their application daily is three-quarters of an hour, five minutes on and three minutes off, i. e., six times five minutes on with three minutes intermissions between.

The treatment of carbuncles or boils should be begun at the earliest possible moment, since many of these may be aborted by early treatment before pus has formed. If treatment is instituted in time it is rarely necessary to make an incision. In case pus has formed, the boil showing yellow on top, then it must be evacuated without delay by a small incision and the cup applied after the bleeding has stopped. If the bleeding from the incision be profuse it may be necessary to apply a pressure bandage to check it before the cupping glass can be used. No packing or drainage is to be used in these cases.

After each treatment the vaseline which was applied around the base of the boil or carbuncle should be removed with ether and a moist sterile dressing or ointment applied. This treatment is to be repeated each day.

The elastic bandage is used in the treatment of acute infections and inflammations of the head and neck, the upper extremities, including the shoulder joint, the lower extremities from the thigh down, but not including the hip joint, and of the scrotum and testicles. It must always be placed on a healthy area, not being per-

mitted to touch the diseased part, and must be applied proximately to the seat of the disease. Whether the diseased part be the foot, ankle, leg or knee joint—the bandage is placed around the thigh and if the disease is located in the hand, wrist, forearm or elbow, the bandage is placed around the arm. In other words, the bandage is never placed below the knee or the elbow because of the impossibility of compressing the interosseal veins.

In applying the bandage treatment to the leg or arm the patient is placed in the recumbent posture, the limb on an incline plane slightly lower than the body. It will first be noted that the distal pulse has not been changed by the pressure of the bandage, the pain has not been increased and gradually a bluish-red color develops. This is the hyperemia of Professor Bier. At this time the limb must be constantly watched to see that the hyperemia is sufficient, yet not too intense, that the limb is kept warm and that the edema develops either slowly or rapidly. Early and marked edema is an indication of a severe type of infection.

After the bandage has been on for three or four hours the pain begins to abate and the patient feels more comfortable than before the bandage was first applied. It is especially important that movements of the infected tendons and joints be begun at the earliest time the pain will permit. This can usually be done during the first or second day. By this means the patient will recover with a much more useful member, and this, in the case of an infected hand, demonstrates the marked superiority of the Bier treatment.

It is the immobilization of the joints, under the old method of treatment, that is responsible for the stiff, almost useless hand of the blood poison patient, since with that treatment motion is impossible for days, perhaps weeks, after the treatment has been instituted, permanent stiffness will inevitably result and is irremediable.

Another advantage of the Bier treatment is the cosmetic effect. Under the old treatment numerous long incisions are necessary for drainage and the hand is left, not only stiff, but marred by these long, unsightly scars. With the Bier treatment few incisions are necessary and these are short and leave very slight scars. Even carbuncles which, with the old treatment, usually leave behind large scars, may be cured by the Bier treatment with scarcely any scars resulting.

The Bier treatment has proved especially serviceable in the treatment of gonorrheal rheumatism. When we consider the long and painful course this condition usually pursues, wearing out the patience of the physician and the endurance of the patient, a treatment which greatly lessens the suffering and shortens the attack is a veritable God-send. This condition is treated with the bandage—passive hyperemia—in its earliest stages, and the hot air apparatus—active hyperemia—later on, a cure usually being effected in a few weeks.

The affections in which the bandage treatment has given very satisfactory results are wounds, inflammation and infections of the head and neck, the upper and lower extremities and the scrotum and testicles. This also includes fractures of the bones, acute osteomyelitis, felons and phlegmons. I wish here to detail the usual course of hyperemia treatment pursued in a case of phlegmon of the hand.

First—Pus, if present, must be evacuated by small incisions and suction with the cupping glass. The elastic bandage is then applied to the arm between the elbow and the shoulder, best with the patient in a recumbent posture. A bluish red color will develop in from ten to twenty minutes and this must be maintained for twenty hours, the hand in the meantime being dressed with loose sterile gauze and a sterile towel wrapped loosely over the gauze. No constricting bands or pressure are to be allowed below the hyperemic bandage. After twenty hours the elastic bandage is removed and the hand is elevated for four hours. Search is then made for pus accumulations and if found it is evacuated by small incisions and the cup as before, and the hyperemic bandage is again applied for another twenty hours. This course is repeated from day to day until all fever subsides when the time of application of the bandage may be reduced by two hours each day. In case of a return of the fever the former time of bandage application must be again resorted to until fever subsides. Active and passive motion of the fingers is begun on the first or second day and continued, gradually increasing it, not only until the parts have entirely healed, but for days or weeks afterward. As a rule no drainage tubes or gauze are introduced into the incisions, but it may in some cases be better to insert one or two short rubber drains into the deep incisions in the palm of the hand—these should be removed after twenty-four or forty-eight hours.

A similar course of treatment will serve in all acute pus conditions of the upper and lower extremities. In severe cases of acute osteomyelitis it may be necessary to chisel into the bone cavity, and in advanced cases this should always be done, but many cases have been reported cured without primary opening of the bone cavity, thorough incision of the abscess, plus hyperemia being sufficient to effect a prompt cure.

Fractures are also successfully treated by this method. An illustrative case of the treatment is given by Professor Schmieden, of the Bier Clinic. In this case, a fracture of the patella with great exudation into the knee joint, a puncture was made, not for the purpose of evacuating the fluid but to secure some of it for examination, and staphylococci were found in abundance. It was treated with the hyperemia bandage applied to the thigh, the swelling subsided and a later puncture showed the fluid of the joint sterile. Thus an infected large joint was changed by hyperemia treatment from an infected purulent condition to a non-purulent serum free from germs and this by a painless method. The joint was entirely cured, the patient recovering with a normal knee.

The neck bandage is used for the treatment of boils on the head, face and neck, for abscesses about the teeth, for acute otitis media with mastoiditis, abscess over the mastoid process, acute inflammatory processes of the temporal bone, erysipelas of the head and face, and other acute inflammatory processes. The bandage is applied to the neck, low down, with small pieces of felt between the bandage and the large blood vessels. It produces the bluish red color of hyperemia but must not be so uncomfortable as to interfere with the patient's rest or nutrition. He should be able to go about and eat and sleep in comparative comfort. Care should be exercised in its use in arterio-sclerotic subjects and used at all in these cases. The bandage is best applied twice each day, with an interval of two hours with the bandage off between two ten-hour applications.

In the treatment of carbuncles with the cupping glass, only very small incisions are necessary. The carbuncle will not attain the great size that it does with other methods of treatment. The constitutional symptoms are very much less pronounced, the duration is greatly shortened and the carbuncle heals with practically no scarring.

In puerperal mastitis a large size cupping glass will be necessary, one that will include the entire breast, and the air is rarified by a special syringe attached to the cupping glass by means of a piece of rubber tubing. The color of the skin and the feeling of the patient are the guides in producing the proper amount of hyperemia. The cupping glass is applied forty-five minutes each day, five minutes on and three minutes off. The breast is then dressed with an ointment and a supporting bandage. If pus forms it must be early evacuated by a small incision three-eighths of an inch in length and a small cup applied around the incision. The milk may also be drawn from the breast by a small cupping glass, surrounding the nipple. With the hyperemia treatment in these cases pus formation can usually be prevented and in case it forms it can be removed by small but deep incisions without drainage, and as a result the patient recovers with much less scarring of the breast, less mutilation and with less danger of malignant disease developing later in life.

DISCUSSION.

Dr. J. W. McLaughlin, Austin: It seems hardly probable that holding venous blood (in a condition of passive hyperemia) in contact with an infected lesion—say a tuberculous knee—will cure the lesion by the increase in nutritive pabulum, or by any local increase in the number of leucocytes, since it is questionable whether venous blood, whose oxygen has been consumed and which is loaded with waste products of tissue metabolism, is capable of supplying a nutritive pabulum; and since it has not been settled that leucocytes cure infections, it is at least premature to say that the cures effected by Bier's hyperemic treatment are due to a hyperleucocytosis—and yet, if I have correctly understood the statements made in this valuable paper, it is by these means that Bier seeks to explain the cures thereby effected. I do not question the statement of facts made by Bier and many other competent and reliable physicians that remarkable cures of localized infections, as tuberculous bone and joint diseases and carbuncles, have been effected by artificially producing local hyperemias, but I want to place myself on record against accepting Bier's explanation of these cures. The means of cure in these cases seems better and more rationally interpreted on the hypothesis that a site of local infection is a seat of war, in which pathogenic bacteria or their toxins not only produce infection, but develop specific anti-bodies, which tend to arrest the infection by neutralizing the bacteria and toxins. Now, I conceive this to be nature's method of curing infectious process, and when the specific anti-bodies which are developed at the seat of war are held there, say by the application of a rubber bandage, or other means of producing a local passive hyperemia, it constitutes the most effective means of assisting nature in her method of curing the lesion. We are all familiar with the benefits that a properly applied bandage will afford in snake bites, and since snake venom contains a toxin that will develop an antitoxin when it is introduced in the tissues of the body, we can understand that the bandage cures by holding the antitoxin in contact with the toxin, which it neutralizes. Nature's methods of cure are not only very efficient, but when understood will be found very simple and uniform.

Dr. J. E. Simon, Bay City, has used it extensively in acute infection. In the treatment of mastitis the results are remarkable with only a few minutes' application. Dr. McLaughlin expressed his opinion that results are due to anti-bodies and are best confined to the infected area continually.

Dr. Russell Caffery, San Antonio, said he was a convert to the efficiency of Bier's treatment. Has treated sciatica with hyperemia after the case was considered hopeless. He applied pressure at the middle of the thigh and gradually moved it upwards. The patient walked in six weeks after remaining eleven months in bed. The large bandage was kept on at night. There have since been occasional slight returns, but to all appearances the patient is well.

Dr. Frank Paschal, San Antonio, questions whether Bier's treatment will ever be generally accepted as a practical treatment. In all infection the first rule is to get rid of pus and secure drainage in infected wounds. The Bier's treatment in this way becomes of secondary importance. He says that in following this new treatment physicians should be careful not to lose sight of more important matters lest more disease follow than with the old methods.

Dr. W. W. Samuels, Dallas, said he has used the method with great benefit. In infection he combines the treatment with the old antiseptic methods, such as bichlorid, etc. He is guided largely by the comfort of the patient. The bandage may be applied every two or three hours by the patient very efficaciously.

Dr. C. W. Trueheart, Galveston, has for some years treated mastitis on a plan which he conceives involves the Bier principle and illustrates its advantages. He applies a broad bandage of flannel, with a small aperture in it for the nipple, around the chest with applications of superheated dry bran in flannel bags, kept up systematically. The heat, together with the support afforded the blood vessels, seems to promote the circulation in all the tissues and accelerates the absorbent function. The pain is also markedly diminished by taking the tension off of the milk ducts. Where pus forms, he make a small but free incision, the pressure bandage securing the evacuation of the pus and also a very salutary outflow of the milk secreted.

Dr. Belle C. Eskridge, Houston, said that it requires experience and practice to apply this bandage successfully. The local congestion should be just sufficient and not too great, the pressure should never be painful, have the patient to indicate when there is a fullness felt below the constriction. She uses a piece of firm, pliable leather about three inches wide, and the length required, with perforation in each end for lacing togther to produce the amount of hyperemia desired for the arm or leg. This she applies over elastic wool, which absorbs the moisture and prevents an irritation of the skin. For the face and head she uses a collar after the same plan, two and one-half inches wide, with the elastic wool applied over the vessels; uses the leather because more even pressure is secured and it does not deteriorate in this climate like rubber. Feels that it is an imposition on the profession to be charged so much for the Bier knee cap and cups.

Dr. S. E. Hudson, closing, said there is great danger of making too much pressure, especially by the beginner, in the use of the hyperemia method. He expressed surprise that anyone should cling to the old bloody and mutilating method of excision in the treatment of carbuncles when the hyperemia treatment offers a practically painless method, a shorter duration, less constitutional symptoms, a much less dangerous course and a cure with no mutilation and practically no scarring. The treatment has been in constant use in the Langenbeck Hospital in Berlin during the past three years, and all cases of carbuncle, as well as local infections and gonorrheal joints, are treated by it. It is, therefore, no longer an experiment, but a well-established method. The treatment does not interfere with the application of antiseptics, and they should be used. Elastic bandages and cupping glasses are cheap in Germany, though somewhat more expensive in this country.

THE PROGNOSTIC VALUE OF THE BLOOD COUNT.*

BY

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Of late there has been much said and written on the importance of blood examinations. The surgeon usually claims that blood examinations are good only for the medical man, and the medical man protests that all cases brought to the surgeon should have such an examination in order to arrive at a correct diagnosis; and in either case, even if an operation is required, a better prognosis could be made.

As a means of diagnosis the internist can not dispense with the blood examination, which must mean an examination in every detail. By it the diagnosis of

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many diseases is greatly assisted, viz., malaria, pernicious anemia, appendicitis, tuberculosis, dysentery, etc. With the surgeon, a blood examination means practically the counting of the leucocytes. He asks for a blood count only as an aid to decide whether to operate or not. As I believe all will concede that the complete examination of the blood is always necessary for the internist and the leucocyte count for the surgeon, I shall confine this paper particularly to the counting of the leucocytes.

In order to make a differential count of the leucocytes it is necessary to have some classification. As Ehrlich's being the simplest and the one in common use, I deem it the proper one to use. He finds in the normal blood small mononuclears, large mononuclears, transitionals, polymorphonuclear neutrophiles, eosinophiles and mast cells.

By small mononuclears is meant any non-granular cell smaller than a polymorphonuclear neutrophile; by a large mononuclear is meant any non-granular cell larger than a polymorphonuclear neutrophile, with a round or oval nucleus. Other cells of about the same size with an indented nucleus are called transitional. The polymorphonuclear neutrophiles and eosinophiles are easily detected. Polymorphonuclear cells without granules, or showing blue granules when stained with methylene blue, are the mast cells.

In normal healthy blood the small mononuclear cells represent 20 to 30 per cent of the white cells; the large mononuclears, 5 to 6 per cent; the transitionals, 1 per cent, the polymorphonuclear neutrophiles, 60 to 70 per cent, the eosinophiles, 2 to 4 per cent.

An increase in the number of leucocytes is spoken of as a leucocytosis. An absolute leucocytosis means an actual increase of the total number of white cells. A relative leucocytosis is an actual increase of any one kind. The knowledge obtained from the blood count as far as a leucocytosis is concerned is derived principally from the relative leucocytosis. In health, the leucocytes number on an average about 7000 per cubic millimeter, and in proportion to red cells as 1 to 700. They may vary from 5000 to 10,000, in proportion to red cells as 1 to 500 or 1 to 1000.

Ten thousand leucocytes per cubic millimeter is usually taken as the upper limit; an increase above this is supposed to be pathological, but is not always so. Some individuals normally have a count of 10,000 to 12,000; others under certain conditions have from 3000 to 4000. An increase of the latter to 8000 or 10,000 would mean a leucocytosis for such a person.

There are certain physiological leucocytoses, but in each case the different cells keep their same proportion to each other as in normal blood. These are found in the new-born infant, in pregnancy, after exercise, after a cold bath, just before death, and after taking food.

A polymorphonuclear leucocytosis is due to an increase of the polymorphonuclear neutrophiles. It may be either relative or absolute. It is the one usually seen in pathological conditions. The count may rise to 100,000 or over, but is commonly under 50,000. We have it in all acute inflammatory diseases, all kinds of abscesses, inflammations of serous membranes, and in several other inflammatory conditions.

The two common diseases from which we can obtain much prognostic information from the blood count are typhoid fever and pneumonia; and as each is told in just the opposite manner as far as number is concerned, I shall use them to give an idea of what value the differential count is in a prognostic way.

In typhoid fever the polymorphonuclear neutrophi show a decrease to 60 per cent or less, and the monon clears an increase. This is especially true of the lar cells which are very numerous at the height of t fever. At this period the eosinophiles are as a ru reduced and remain so until convalescence begins, wh they may even rise above normal. The different co plications are shown in the blood picture. A leuc cytosis follows a hemorrhage of any note. Complic tions of an inflammatory character are accompanied an increase. This increase for a patient with a lo count may mean a leucocytosis for that person. Th condition is met with in complications such as pne monia, bronchitis, pleurisy, etc., but in all of the cases the per cent of polymorphonuclear neutrophiles not so large as we would expect. In other words, th relation of the cells to each other are the same as w found in the blood of the typhoid fever patient befo the complication set in.

When a perforation is suspected, the leucocytes gi us considerable information, and we should act up it in about the same manner as in appendicitis. the appearance of the first symptom the count should l made often. If we find an increasing leucocytosis, a operation is indicated; if not, the chances are in fav of no perforation. This rule, however, can not as y be made absolute. There are cases in which the phys cal examination shows undoubted symptoms of perfor tion in which the blood count gives us no light on th subject. In such cases an operation at the earliest mo ment would be justified.

So in typhoid fever we can to a certain degree follo the course of the disease from the start, when the leu cocyte count begins to fall until the end, judging th severity of the attack by the decrease of the leucocyto and noting each complication and the seriousness o same by a rising leucocytosis.

In pneumonia the leucocytes are found increase after the first six or eight hours, and they fall at abou the time of the crisis. We get some idea from this leu cocytosis of the resistance of the organism to the infec tion. Cabot has divided the cases into three groups (1) Those with good resistance and a mild infection in which there may be no leucocytosis. These cases al recover; (2) those with a severe infection and a goo resistance, in which the leucocytosis is high, betwee 20,000 and 30,000, but in some cases over 100,000 This group includes about 90 per cent of all cases (3) those with a severe infection, in which there is n leucocytosis, or even a fall in number, and which case are almost always fatal. The best example of the latte group is pneumonia of the aged, or in those who hav used alcohol excessively. In fatal cases in which ther is not an absolute leucocytosis, the percentage of poly morphonuclear neutrophiles may rise considerably.

The fall of the leucocytes begins about the time o the fall of the temperature, or just before, just after or with it. They fall gradually, reach normal abou the second day. When the temperature falls by lysi the leucocytes generally fall in a like manner. In de layed resolution the leucocytes remain elevated, but i these cases, if the temperature has become normal, th blood count is usually the same. If the count remain high after the crisis a delayed resolution, empyema, o gangrene may be predicted.

DIFFERENTIAL DIAGNOSIS IN MALINGERY.*

BY

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FORT WORTH, TEXAS.

According to Webster's International Dictionary malingery is defined as: "feigning illness;" "to pretend illness or inability." It is not an act of feigning on my part, however, when I say that I approach this subject with much trepidation. In the experience of present day work in my line I frequently come in contact with the condition, and this paper was attempted in order to profit by a discussion on the subject. I have nothing of a sensational nature to develop. I desire to briefly discuss a few points only, of this many-sided and often harassing condition.

We find malingery in every walk of life where there is responsibility to be borne. As a rule malingerers are divided into three great classes, each of which have several subdivisions. First is the class of persons who seek to avoid public duty or responsibility by feigning illness or inability. We see in this class the school boy who plays truant or feigns illness to escape arduous duties or hard lessons; soldiers and sailors who seek to avoid the onerous duties imposed by officers, and citizens who would avoid the responsibility of court, road or other duties of a public nature which are neither remunerative or pleasant. The second class includes those persons who feign injury or who exaggerate an injury received at the hands of a corporation which is amply able to pay damages. The third class includes those persons in penal servitude who feign illness or disability to escape hard labor, as well as those who feign illness as a defense for crime, and especially those who feign mental illness, insanity. With the last named subdivision only will this paper deal.

In the discussion of the subject it will be necessary, in order to differentiate correctly, to investigate the conditions, physically and mentally, of those unfortunates who are really suffering from unsoundness of mind and to briefly contrast the true and the false conditions.

The individual is sometimes, but not always, responsible for his illness. He is always responsible for his vice. Therefore, if he commits a crime as the result of a dethronement of reason he can not and should not be held responsible. If he commits crime as a consequence of a vicious nature and at the behests of a perverted consciousness, then he is a criminal and should be held accountable to the law.

Then the all-important question arises, in many cases, as to whether or not the individual was possessed of sufficient mental equilibrium to know the character and consequence of the particular act at the time of its commission. If he did possess that knowledge, then the law holds him responsible for the crime regardless of his ability or inability to act upon such knowledge. At this point malingery becomes an important question, and one that must be determined by the physicians who are called as experts. In all matters of this kind only men who have had extensive opportunity to study and observe this class of cases should be called as experts. These should be selected by the court and recognized as officers of the court, for the time being, and not as partisans in the case.

As a rule the malingerer is a person who has but little, if any, knowledge of insanity or experience with insane persons; therefore, he is prepared to act his part but poorly, overacting in most instances, failing to simulate any particular form of the disease. But, as in the instance of Dr. Wagner's case (New York), acting upon an auto-suggestion, or it may be a suggestion acquired from another person. In this case a policeman had murdered his wife during a debauch, and as he was sobering and while standing at the bars in the prison, his limbs trembled. He acted upon the suggestion, and for twenty-three months attempted as best he knew to simulate a state of insanity. He made the usual mistake of overplaying the part and of failing to assume the role of any particular or classified form of the disease. His symptoms were so irregular and unclassified, that his attorneys had difficulty in getting at a systematic defense on the ground of insanity. It was declared by different witnesses who testified as experts, but who really had no right to have done so, that he suffered from paranoia; that he was a delusional epileptic; was demented and suffered from lateral spinal sclerosis, all of which were declared as incurable. Dr. Wagner and other men of experience and observation in this line of work were a unit in their conclusion that he was a malingerer. The following cases may be of interest in this connection:

A young Bohemian, American born, who spoke good English, committed a crime, was apprehended and immediately began to show signs of insanity. He was given a lunacy trial without expert testimony; was adjudged as insane and sent to one of the State's insane hospitals. After arriving there and becoming acquainted, he ceased to show signs of mental aberration and soon became a probationer, going about the place at will. He was soon released and sent home; after arriving at home he was arraigned for the crime. On being again apprehended upon the criminal charge he again became insane (?), but as the opinion from the hospital was adverse to his cause he probably thought it necessary to take on a different and more violent form than at first, in the hope that he might ultimately escape a just punishment. Therefore, instead of having a recurrence of melancholia or an attack of mania as might have been expected in a recurrence in a genuine case of insanity, he was attacked with convulsions, simulating epileptic attacks, and he did it well, having seen many attacks of this character during his stay at the asylum. Unfortunately for him he could not cause the relaxation of the ciliary muscle of the eye and the consequent wide dilation that we find in epileptic attacks. He also forgot the important symptom of biting the tongue. He was well trained, however, and "threw a fit" in the court room as the charge was being given to the jury.

Another case: A man raised in North Texas committed murder in another part of the State by stealthily approaching at night the home of a lone woman, murdering and robbing her. He was apprehended and his attorneys pleaded insanity. He made several conflicting statements about the case; became incoherent; would sit all through the trial each day and appear to hear or see nothing, keeping his eyes fixed upon the ceiling. He overplayed the part and failed utterly to represent any of the many forms of insanity. Several physicians experienced in this line of work were called as experts and agreed that it was a case of malingery.

I could recite many more cases of malingery in which an attempt was made to simulate insanity, but in practically all of them the caste was overdrawn and there

*Read before the Section on Psychology and Medical Jurisprudence, State Medical Association of Texas, Corpus Christi, May 12, 1908.

was a failure to faithfully portray the form of insanity attempted to be simulated. But more often they simulate many forms of mental aberration, some of them in direct conflict, and a goodly number of nervous disturbances which we do not see associated with insanity in its sincerity.

To sum up the three cases reported, Dr. Wagner's case was placed under ether and made to walk, dance, shout, swear, and do many other things that it had been impossible to make him do during his incarceration and trial. He was condemned to death and confessed that he was a malingerer, and declared that he preferred the torture of the electric chair rather than another siege of twenty-three months of malingery.

The second case was given a term in the penitentiary. After the jury returned its verdict he freely admitted his malingery.

The third case was condemned to be hanged, but he persisted in his malingery until all hope of a reprieve was past, when he "came around" and cursed the doctors for their opinions; after which he appeared normal until the day of his execution.

Among the insane we are able to trace, in most cases, a well defined history of mental or physical degeneration, either inherited or acquired, and this is remarkably true in cases where crime has been committed at the hands of an insane person.

Dr. H. A. Tomlinson of the Minnesota State Hospital points out that out of 2366 non-criminal insane persons examined by him, that 12 per cent of men and 20 per cent of women were found to be unstable; 33 per cent of men and 26 per cent of women were primary degenerates; 47 per cent of each were consecutive degenerates; 13½ per cent of each were senile degenerates; 166 men and 212 women had an heredity of insanity; 135 men and 76 women had an heredity of alcohol; 199 men and 170 women had an heredity of phthisis; 59 men and 60 women had an heredity of rheumatism; 72 men and 266 women had an heredity of cancer. In the families of 126 men and 120 women there was a concurrence of insanity. I give the following classification of the forms that the insanity took in these cases, to emphasize the fact that these cases were of a distinct class and not mongrel in type, as we find in many medico-legal cases: Excited, 442 men and 266 women; depressed, 678 men and 454 women; delirious, 42 men and 50 women; stupid, 77 men and 109 women; demented, 442 men and 546 women. The following are some of the symptomatic manifestations of these cases: olfactory hallucinations, 10 men and 17 women; visual hallucinations, 193 men and 160 women; auditory hallucinations, 608 men and 416 women; gustatory hallucinations, 36 men and 38 women; tactual hallucinations, 151 men and 48 women; viseeral conseiousness, 115 men and 67 women; sexual excitement, 109 men and 88 women; sexual perversion, 78 men and 35 women; grandiôse delusions, 176 men and 70 women; depreciatory ideas, 104 men and 194 women; persecutory ideas, 585 men and 566 women; confused, 612 men and 449 women; religiosity, 175 men and 170 women; systematized beliefs, 40 men and 42 women.

Dr. Tomlinson says that the mental state of the patient was always dependent upon the form of sense perversion and the nature of the delusion. That is, those who saw or heard what was pleasing or gratifying, were exalted; while those who heard, saw or felt what was disagreeable or that suggested danger or misfortune, were depressed or excited.

Some of the physical stigmata were as follows: In 241 there was asymmetry of the head; in 1041 there was asymmetry of the face; in 101 there was general deformity; in 90 the superficial reflexes were exaggerated; in 112 the superficial reflexes were diminished; in 665 the superficial reflexes were absent; in 915 the knee jerk was exaggerated; in 336 the knee jerk was diminished; in 614 there was local paresis; in 185 there was general paresis; in 37 there was cerebral paralysis; in 22 there was bulbar, and in 17 spinal paralysis; in 103 there was epilepsy. The larger number of these patients suffered from tremors of either the tongue, face, limbs or from rest tremors. Reference to the tables concerned with the physical conditions present at the time of admission shows that practically all of these patients were suffering from some kind of physical disease, most commonly malnutrition, perversion in the digestive processes and interference with the process of elimination.

I desire to emphasize with this array of statistics (1) that in true insanity the type is practically always faithful to the classifications; that is, in mania, melancholia, maniac-depressive, paresis, paranoia and other types we can expect a similarity in symptoms with only such deviations as the individuality of the patient, the environment, education, etc., would suggest; and that where we fail to find the type of insanity well defined and where the individual does not represent any of the many distinct classifications and there is reason to suspect malingery, it is well to proceed very cautiously, for in the majority of such cases malingery is likely to be developed. (2) That most cases of insanity have a physical basis, and that we can anticipate the train of symptoms that would naturally follow a given physical cause, such not being true in most cases of malingery. (3) That malingerers act upon suggestion, and being as a rule ignorant of the types of insanity, often simulate a train of symptoms wholly at variance with the form of insanity attempted to be represented.

To differentiate malingery often requires time, patience and absolute control of the individual and the surroundings. There are cases, however, where the malingery is so potent and blatant that it is readily recognized by one accustomed to seeing the disease which is attempted to be simulated. In all cases where there is reason to suspect malingery, I insist upon being given every opportunity to investigate the matter before giving a definite opinion. In cases where there is a doubt about the diagnosis, it is often cleared by placing the individual under an anesthetic, and it is sometimes necessary to do so more than once, as in Dr. Wagner's case, before definite results are obtained. After an individual has given training to the thought currents for weeks, months, or as in some cases for years, along false lines, it requires persistence with the anesthetic to overcome the mental habit which has been intentionally formed for the purposes of the malinger and which has approached the stage of "Second Nature," and to relieve the thoughts of the thralldom that has been inflicted by the individual and again allow ideation to assume normal action.

In conclusion I want to say with another, who aptly used these words in discussing another subject, that if a crime is committed and "Conscientious insanity be established, namely: If the prisoner be the victim of delusions or hallucinations, if his processes of reasoning be imperfect and misleading, though starting from correct premises, or perfect and logical but based on premises which are untrue; if while drawing conclusions as best he can according to his light, the light becomes a flickering, wavering will-o'-the-wisp that leads them into devious ways where saner men would

never go; if he uses the judgment disease has spared in an effort to do what, to him seems right, even though it leads to a bottomless pit, then is he not only insane, but honestly and conscientiously so." In my opinion, such as he should not be punished. If he be otherwise he is a malingerer and should be held fully accountable to the law.

DISCUSSION.

Dr. M. L. Graves, Galveston, said: I came into the hall late and did not hear the first of the paper. The statement "a man who is honestly and conscientiously insane" is objectionable, because a really insane man is honestly so and conscience has nothing to do with it. The insane should not be punished. There are different degrees of insanity and mental unbalanee. There should be some restrictions of a properly graded charaeter, but every insane person should not be loeked up indefinitely and some not at all. The dangerous insane should always be confined. I believe the malingerer should always receive full punishment. Protracted malingering may result in insanity. I have seen malingerers become quite morbid. However, I do not believe that many malingerers escape detection, nor that as many eriminals are malingerers as people think. Many insane eriminals are now serving terms in our penal institutions. Some of them did not claim insanity as a defense for the crime, and were not known to be insane at the time of trial, and were recognized as insane persons during their confinement for crime, and yet the erime itself is clearly the result of a diseased mind.

Dr. Turner, closing, said: I aecept Dr. Graves' criticism regarding the terms "honestly and conscientiously" as applied to the insane, the terms used were from a quotation; I agree with him that if insanity is present that honor and conscience had nothing to do with it. I am of the opinion that but few malingerers have escaped punishment, for, as stated in the paper, their malingery is detected because they fail to make out a faithful case. I believe that more insane persons are convicted and punished for deeds eommitted by the prompting of unstable minds than there are malingerers who escape punishment. I think our system of jurisprudence could be improved upon, particularly in the manner of obtaining expert testimony and in rendering judgment upon the unfortunate insane. I believe that a medical expert should be an officer of the court for the time being and have the same protection that other officers enjoy. I believe that the insane should not be charged with crime and be called upon to plead "guilty or not guilty," nor should they be tried by a jury and committed to jail. There are many reforms along this line that time and education will accomplish.

MISCELLANEOUS.

MIDWINTER COUNCILORS' MEETING.

The midwinter meeting of the Board of Councilors was held in Waco January 12th. There were present Drs. N. J. Phenix, Colorado; D. R. Fly, Amarillo; W. A. King, San Antonio; J. C. Anderson, Granger; John T. Moore, Galveston; D. S. Wier, Beaumont; J. A. Hill, Groveton; G. S. McReynolds, Temple; J. M. Britton, Cisco; the absentees being Councilors Turner, McCarver, Hamilton, Foote, Gray and Taylor. Drs. Cantrell, Lankford and Sturgis, representatives of the Board of Trustees, were present, as well as Drs. Cummings, Chase, Hill and Holloway, representing the Legislative Committee.

On account of the resignation of Dr. W. B. Russ, Chairman of the Council, and Councilor of the Fifth District, Dr. John T. Moore, of Galveston, formerly Viee-Chairman of the Council, was elected to fill the remaining term of Dr. Russ. The resignation of Dr. C. A. Gray, of Bonham, was received. The appointment of Dr. W. A. King as Councilor of the Fifth District was eonfirmed. Dr. J. A. Hill, of Groveton, was elected Vice-Chairman of the Board. The Council passed resolutions commending the plan for the support of publie health laws and urging eounty societies to support and eo-operate with the State committee having this work in hand. The matter of the division of fees again being agitated, on suggestion of Secretary Taylor, resolutions defining the position of the Board of Councilors were adopted. These resolutions are printed in the editorial columns. A committee consisting of Drs. J. M. Britton, G. S. McReynolds and I. C. Chase was appointed to arrange for a meeting of the county Secretaries of the State at the next annual meeting at Galveston.

Routine matters involving the districts of the State formation of county soeieties, etc., were considered. The work of Dr. Fly and the Committee on Public Lectures was endorsed.

THE JEFFERSON COUNTY MEDICAL SOCIETY AND THE STATE BOARD OF EXAMINERS.

The Jefferson County Medical Society has gone on record as refusing to contribute its share of the fund devoted to the protection of the public health laws of Texas. Its reasons for so doing were given in a recent letter to Dr. M. E. Daniel, Secretary of the Texas State Board of Medieal Examiners. They are as follows: That the Board of Examiners had issued licenses to Drs. Bull and Banasowitz over its vigorous, impersonal protest, and after it had furnished the Board with exhaustive evidenee of their unprofessional methods in conducting a questionable medical institute. The objection was not to the Practiee Act, but to the treatment aecorded the Jefferson County Medical Society by the Medieal Examining Board in legalizing these irregulars. The President of the Examining Board, Dr. James D. Osborne, has requested that the reply of the Secretary, Dr. M. E. Daniel, be published in THE JOURNAL, and has expressed the wish that every doctor read it. He believes that a knowledge of the details of the action of the Board granting verification licenses to the two doctors as shown in the communication, will effeet a more united, harmonious condition, and that the profession will realize that the action of the Board was judicious, and better appreciate the work the Board has done and is trying to do.

HONEY GROVE, TEXAS, January 1, 1909.

Dr. W. F. Thomson, Secretary Jefferson County Medical Soeiety, Beaumont, Texas.

DEAR DOCTOR: A few days ago Dr. I. C. Chase, of Fort Worth, sent me a copy of a letter written by you to him, giving reasons why your County Medieal Society voted against contributing to the fund being solicited through the State Medical Association in which not only the profession, regardless of schools of medical practice, but the entire law-abiding citizenship should be interested, and are invited to contribute, for the sole and common purpose of defending and maintaining the public health laws of the State. Am, indeed, sorry to know the basis of said action involves a matter of so little importance and practically of no concern in so far as the marring of the progress of medical education and the improvement of the future physician in Texas is concerned.

For your society to so magnify its grievance towards the Board as to withhold aid from the whole profession in the hour of need in the defense of a cause for which you have undoubtedly heretofore stood, looking to the betterment of the morals and uplifting of the profession and masses, is indeed to be regretted.

In the issuance of verification to Drs. Banasowitz, Bull and Horne every thread of evidence was first traced to its distal end and the ultimate conclusion was that the charges could not be sustained in court and that in the end the Board subjected to the humiliation of being forced to issue them licenses, saying nothing of the expenditure of much time and money. The facts in these cases as the records of this office show, are that the objectionable advertising engaged in by these men to which your County Society took offense was in evidenee at a time when the said B. and B. were in the employment of said Horne; that said B. and B. were not in any sense directly responsible therefor; that said B. and B. purchased the Beaumont offiee from said Horne early in the spring of 1908; that after said purchase said B. and B. ceased and discontinued said objectionable advertising and continued the business along legitimate and ethical lines.

In the meantime all three of these men filed applieation within the limits provided under the law. Sometime in the early spring of 1908 said Horne went to Europe. In obedience to the protest of your County Society and before all the evidence was properly weighed, verification was refused these men until after July 12th last.

B. and B. instituted mandamus proceedings, and while said suits were pending, after assuming my present position on the Board, said Banasowitz in the interest of himself and Dr. Bull, came to see me. His every word and expression was to the effect that they were not responsible for the offending advertising and that they would, if given a chance, prove themselves ethical in so far as they were directly responsible. On account of being elassed with the minor sehools in medicine

and knowing these men were graduates of Homeopathic colleges, and to avoid risk of being accused of displaying undue sympathy, with an iron hand as it were, and almost without a suggestion, I referred them to Dr. Osborn, our worthy President, an honored ex-President of the State Medical Association and a man whose honesty of purpose no one doubts. Dr. O. believed them worthy of consideration, and from the evidence considered the condition not altogether without prejudice and persecution. They signed an affidavit in Cleburne, in Dr. Osborn's presence which now constitutes a portion of the records of the Board, to the effect that they would not authorize any objectionable advertising and would conduct an ethical business. They asked for an opportunity to prove their sincerity. Dr. Osborn then recommended and signed a petition to give these men their verification and nine of the eleven members signed it. In the meantime Dr. Horne returned from Europe. Came to see me. I referred him to Dr. Osborn, and his case was treated in a similar manner, except that all the members signed his petition. In these cases as well as in its every act the Board by exhaustive study and much sacrifice—more than the profession will ever realize—has exerted its very best efforts, and no one not familiar and in touch with the actual conditions can ever know the many complications and perplexities demanding solution, which I will admit was not in every instance disposed of to our liking, but to the very best advantage considering environments, but the few cases thus disposed of were of such a nature as not to, in the least, impair the purposes of the new law. Hard it is to retract, undo, or in effect nullify past acts or practices. The licensing of these men, together with all other acts to which the present Board may be held responsible are but a bubble on the ocean as compared to the possibilities and future usefulness of the present Medical Practice Act, even though it is not free from imperfections. Think of it: No longer to be dreaded or apprehended that quacks and incompetents may gain admittance to the State through one school more than through another. No longer can the undergraduate take his position alongside the reputable, conscientious graduate in medicine. No longer can the second-reader and cipher-a-little aspirant gain entrance to a medical college in Texas or in any other State and afterwards pass the crucial test of our present law. No longer can the fruits of a medical college that represents a low standard of requirement and a valueless sheepskin be imposed upon the unsuspecting and the too-busy-to-be-informed-public. Besides this the consolation that every practician, regardless of school or faith, must pass under the same yoke of efficiency before offering his services to the public. What more could be asked? Could more be realized for the general good to the whole people from the standpoint of education, the begetting of confidence, the general uplifting of sentiment, morals, appreciation, satisfaction? I think not.

Then to withhold aid, refuse to share in the maintenance and further development of these possibilities and achievements, due to a matter of minor importance, which those imbued with the work have already forgotten means for your society to refuse to recognize the necessity of safeguarding the reputation of a child you, your society, your school of medicine is directly responsible for.

That you may more fully appreciate the work that can properly be taken care of by the committee who is to have charge of this fund, will state while the law designates that the county and district attorney prosecute all violations of the law there is absolutely no provision for representation of the State or Board in mandamus suits. Besides, the law provides several grounds for the revocation of licenses for which the county and district attorneys are under no obligations to prosecute. Even in cases where the basis of revocation is a conviction for the violation of the State's criminal law it requires a separate procedure to revoke the license of said offender which the county or district attorney is in no way responsible, and to have this feature of the work looked after as it should be the profession of itself or through the Board or the Board upon its own responsibility must provide counsel. The Board last year paid one lawyer's fee of $350, but to prosecute the work as it should be its funds are wholly inadequate.

Some of the members have not received sufficient remuneration to refund actual traveling and hotel expenses.

In all mandamus suits the Attorney General's Department has generously come to the State's relief that her name and dignity may be preserved in the effort to sustain the constitutionality of the law, but the feeling of the profession is that this department is already overburdened and in order that every detail necessary to success may be taken care of should be reinforced with additional well paid counsel. The revocation of licenses does not come within the province of the Attorney General's Department, and before this feature of the work can be made effective and before the profession's voice can or will be heard through the Board or otherwise, you can see the feasibility of making provision as above indicated.

There are several resolutions upon our minutes to the effect that this or that license "is hereby revoked," which if not carried out in the courts is a mere child's play. One party came before the Board at its last meeting and insisted that his license be revoked as it had been procured through fraud by another and the Board resoluted accordingly, and there the matter stopped and the license is still in force, likewise the man's license who manipulated and perpetrated the fraud. What is needed? A hired attorney as good as the best to take charge of these cases and sustain the profession through the Board by completing the transaction in the courts.

The law of some States delegates the full power to revoke in the State Board. In this way the State Board can complete the transaction all with itself, but probably you know some late Federal court rulings are declaring such laws unconstitutional and are very forcibly reminding the States that an individual's final destiny and rights must be determined by a court of law.

Thanking you for your indulgence in reading this, and assuring you of kindliest personal feeling in this matter, I beg to remain, Very truly yours,

M. E. Daniel.

A LEGISLATIVE TELEGRAM.

Fort Worth, Texas, January 20, 1909.

Dr. David R. Fly, Chairman Anti-Tuberculosis Association of Texas, Austin, Texas.

I think it would be advisable have Legislature to appropriate the Waters-Pierce fine for sanitary purposes and agricultural dairying and feeding experiment stations.

9:35 p. m. E. A. Pat Paffrath.

A LEGISLATIVE LETTER.

Letters have been sent to County Secretaries by President Cummings and Health Officer Brumby urging County Societies to petition their representatives and have personal letters sent in support of the Board of Health Bill and the State Tuberculosis Sanitarium. There is a live wire in Titus county as seen from the following letter received in Austin:

Mount Pleasant, Texas, January 23, 1909.

Hon. P. B. Branch, Representative, Hon. Bascom Thomas, Senator, Austin, Texas.

Gentlemen: This is Saturday night in old Titus, and by the time this letter reaches you it will have passed away never to return. But there is a thing I am in great hopes will pass the Legislature, and that it will return manifold blessings, comforts and pleasures to all Texas. That thing is the State Board of Health Bill. The State Health Officer and the State Medical Association have spent time, money and hard work on this matter and now have it in such shape that it comprises such features as will be a blessing to every man, woman and child of our great State.

As you no doubt know, the Board will be made up of seven members. One will be a Live Stock Commissioner, one a Pure Food Commissioner and five of them will be Live Pure Physicians.

If that bill is passed, and it should be, it will have the elevating features about it of elevating the human beings of Texas to at least on an equality with the cow, horse, jackass and the mule. Is it not a fact that all of these animals have more protection than any woman, child or voter of our State? As the law now is there is little or no protection in some of our counties. Whereas, if we have this law enacted—the Board of Health Bill—there would be actual protection and security to all the people in all parts of Texas. Then there would be a concert of action against every known enemy to health throughout the State. But as it is now we have no Sanitary Code, Rules or Regulations that can be enforced till, often, it is too late. County commissioners are not always on tap when emergencies arise, and something must be done now

or somebody, even a whole community, suffer, not next week, but today. The protection of the health of the people should be the watchword.

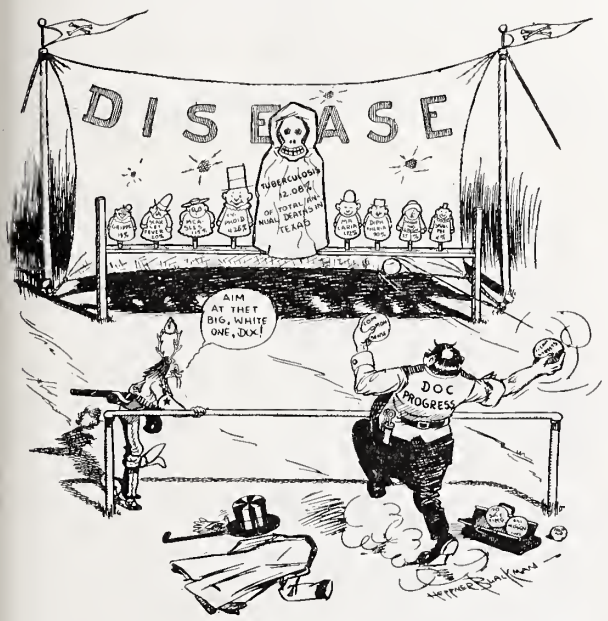
Surely, I believe the best interests of the people of Texas will be served in the enacting of this bill.

I never pander to anything I do not think is right, and knowing me as you do, you may place your confidence in my sincerity and sentiments as to this bill. Not from a mercenary standpoint, but for the most good for the greatest number do I unqualifiedly endorse it.

Yours most truly,

W. H. BLYTHE.

TEXAS MEDICAL CARTOONS FROM THE DAILY PAPERS OF TEXAS, JANUARY, 1909.



—Fort Worth Star.

—Houston Post.

State Health Officer Brumby in the November *Bulletin of the State Health Department* calls attention to the fact that from May to October, inclusive, there were 2,972 deaths from communicable diseases in Texas. "Strange to say," says Dr. Brumby, "two or three deaths from yellow fever in our State would almost throw it into a panic, and yet these internal diseases are equally dangerous and are costing us thousands of lives without exciting any attention."—*Houston Post.*

LEGISLATIVE NEWS.

The following bills are of particular interest to the medical profession of the State:

The Public Health Committee of the Senate is composed of the following: Mr. Hayter, Chairman; Brown, Peeler, Willacy, Masterson, Kellie, Hume, Real, Hudspeth, Murray, Perkins.

The Public Health Committee of the House is composed of the following: Mr. Ralston, Chairman; Messrs. Driggers, Hamilton, of Childress; Turner, Cox, of Rockwall; McLain, Boswell, McCallum, Stead, Horger, and Maddox.

To Regulate the Practice of Nursing.—A bill has been introduced in the Senate by Mr. Meachum to create a Board of Examiners of Nursing and to regulate the practice of professional nursing.

To Regulate Veterinary Practice.—By Mr. Schluter: House bill No. 192, a bill to be entitled "An Act to create a Board of Veterinary Examiners of Texas and to regulate the practice of veterinary science in Texas, and providing a punishment for the violation thereof." Read first time, and referred to Committee on Public Health.

For the Proper Labeling of Patent Medicines.—House bill No. 93, a bill to be entitled "An Act to prevent and prohibit the sale of patent and proprietary medicine unless the formula or proportion of constituents of same is written or printed upon the package or bottle containing same." Read first time and referred to Committee on Public Health.

Barbers' Law to Be Again Presented.—Victor Kleabe, a barber of Austin and Secretary of the State Barbers' Board while it lasted, is endeavoring to secure amendments to the law which will validate it. The law was declared unconstitutional by the courts because it applied only to towns of over 2000 population. It is said that several legislators are interested in the matter.—*Houston Post.*

To Establish a Chair of Homeopathic Materia Medica and Therapeutics in the Galveston Medical Branch of the State University, and instructing the Board of Regents of the State University to engage a teacher identified with the Homeopathic School of Medicine to teach this branch of medicine and to set aside a room or rooms, and to furnish same for didactic and clinical lectures. No appropriation is provided in the bill.

Resolutions Regarding the Sanitation of the Representative Hall.—The House recently adopted a resolution that the Speaker appoint a supervisor of porters at a salary of $3 per day whose duty is to superintend the heating and ventilating of the hall, and to request the members, employes and visitors to refrain from expectorating or putting trash in the radiators and ventilators, and keep them clear of all trash.

To Provide for the Health and Safety of Persons in and Around Mines.—By Mr. Maddox, Mr. Turner and Mr. Roberson, of Erath: House bill No. 146, a bill to be entitled "An Act to amend Section 21 of an act entitled 'An Act providing for the health and safety of persons in and around mines, and for creating a State Mining Board and the office of State Mining Inspector.'" Read first time, and referred to Committee on Mines and Mining.

To Establish a State Sanatorium for Tuberculosis.—House bill No. 53, a bill to be entitled "An Act to provide for the location of and establishment and maintenance of a State Sanatorium for the treatment of persons suffering from tuberculosis, and to provide for the care and treatment of indigent consumptives, and making an appropriation therefor." Read first time and referred to Committee on State Asylums. Reported favorably by the House committee.

The Eleemosynary Institutions.—In his message, Governor Campbell after calling attention to the present crowded condition of the various asylums of the State, and the lack of appropriations to maintain the increase in the number of patients, says plainly that it is incumbent upon the Legislature to deal liberally with these institutions; that provision

should not only be made for these in jails, but ample accommodation should be furnished for future needs.

For the Manufacture of Patent and Other Medicines.—House bill No. 97, a bill to be entitled "An Act requiring patent and other medicines offered for sale and sold by any person in his own behalf, or as agent for any other person, or any firm or corporation, to be manufactured, compounded and prepared under the personal direction and supervision of a qualified pharmacist, and providing a penalty for the violation of the provisions of such act." Read first time and referred to Committee on Criminal Jurisprudence.

To Exempt Graduates of the State University from Board Examinations.—A bill has been introduced in both the House and Senate, it is understood drawn by Monta J. Moore, of Cameron, for the alumni of the State University, to amend the Medical Practice Act by exempting graduates of the Medical Department of the University of Texas from appearing before the Board of Medical Examiners for license, also exempting the graduates in pharmacy of the school from examination for license before the Pharmacy Board.

The Board of Health Bill to abolish the Department of Health and to create in its stead a Texas State Board of Health, has been introduced in the House. Read first time, and referred to the Committee on Public Health. It was introduced in the House by Mr. Ralston and in the Senate by Mr. Harper. Hearings of the House and Senate committees were given until January 26, when a number of the officers of the State Medical Association appeared before the committees. Action was postponed until the day following. The House and Senate committees have reported favorably and the outlook is good for the passage of the bill.

A Lunacy Bill.—One of the great needs of the State is a better law for the detention and trial of the insane. A most excellent bill has been prepared by Mr. J. N. Wilkerson, of the State Health Department, and has been passed upon by a number of authorities and by Superintendent Worsham, formerly of the State Insane Asylum at Austin. The bill provides for a Commissioner of Lunacy, prevents incarceration of all but the violent insane in jails, places the commitment of the insane in the hands of the county judge and the county health officer in connection with one other physician, abolishing the necessity for the trial of the insane by jury. The details of the bill are worked out very perfectly, after the manner of the best lunacy laws of other States.

An Optometry Bill.—House bill No. 102, a bill to be entitled "An Act to define and regulate the practice of optometry; to create a board of examiners in optometry for the examining and licensing of optometrists; to prescribe the qualifications of applicants for license in optometry; to provide for the registration of optometrists, and to provide for the revocation of their license, and to require them to display certificates or exemption in principal office, and deliver to each customer a bill of purchase or sale, and specification of lenses furnished, and price charged for same, and to fix suitable penalties for the violation of this act, and repealing all laws in conflict herewith." Read first time, and referred to Committee on Public Health. Reported favorably by Senate and House committees.

An Amendment to the Pure Food and Drug Law.—House bill No. 28, a bill to be entitled "An Act to amend Chapter 39, Acts of the General Laws of the Thirtieth Legislature, entitled 'An Act to prohibit and prevent adulteration, fraud and deception in the manufacture of and sale of articles of food or drugs; prescribing penalties for the violation of this act; to provide for the appointment of a Dairy and Food Commissioner, and to define his powers and duties, and to fix his compensation, and to repeal all laws in conflict with the provisions of this act, and declaring an emergency, so as to more perfectly prevent the manufacture of, sale of or offering for sale of misbranded or adulterated foods and drugs;' to prevent the addition to 'foods injurious drugs or articles injurious to health'; to provide for a Dairy and Food Commission and prescribing its duties, and declaring an emergency." Read first time and referred to Committee on State Affairs. Reported favorably by the House committee.

Retail Druggists' Bill to Regulate Medicine Peddlers.—The retail druggists' bill which will be presented to the Thirty-first Legislature deals with patent medicine peddlers, and imposes a very high license upon them. The provisions are as follows: That every one desiring to peddle drugs in any manner or in any way shall make application to the State Dairy and Pure Food Commissioner in writing, the application to be accompanied by a sample of the goods which the person desires to peddle and a check for $100. After examination by the Pure Food Commissioner, if no injurious drugs are found in the drug or remedy, the Commissioner shall grant a license to the peddler, but the medicine shall be so labeled that every one may know what it contains. The license for selling drugs or remedies in any form is $100 per month or any fraction thereof. The first remittance to the Pure Food Commissioner, when a permit is desired, is to be considered the first payment on the license. The funds from licenses go to the State Dairy and Food Commissioner to be used in the discharge of his duties. The penalty for not getting the proper license is not less than $100 nor more than $200 on the first offense, and not less than $200 nor more than $400 on the second, half of the fine going to the Food Commissioner funds, and the other to the prosecution and the county funds.—*San Antonio Express.*

The bill is being redrafted to cut out the high license feature and require peddlers to pass an examination in pharmacy.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Inter-Southern Life, Louisville, Ky.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR INSURANCE EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Caldwell.	Colorado.	Eastland.
Bandera.	Burnet.	Collin.	Ector.
Bastrop.	Cass.	Comal.	El Paso.
Blanco.	Camp.	Cooke.	Edwards.
Bosque.	Childress.	Dallam.	Erath.
Briscoe.	Clay.	De Witt.	Fannin.

Fisher.	Howard.	Medina.	Sherman.
Floyd.	Jasper.	Midland.	Smith.
Franklin.	Johnson.	Milam.	Stephens.
Gillespie.	Jones.	Montgomery.	Stonewall.
Gonzales.	Karnes.	Morris.	Swisher.
Grayson.	Kaufman.	Newton.	Titus.
Guadalupe.	Kendall.	Nolan.	Travis.
Hale.	Kerr.	Ochiltree.	Upshur.
Hartley.	Lampasas.	Orange.	Uvalde.
Haskell.	Lee.	Potter.	Van Zandt.
Hamilton.	Leon.	Rockwall.	Wilbarger.
Harrison.	Lipscomb.	Roberts.	Williamson.
Hemphill.	Lubbock.	Robertson.	Wood.
Hill.	Madison.	Runnels.	Young—83.
Hopkins.	Martin.	San Augustine.	

NEWS.

Papers for the State Meeting must soon be announced by their authors to Section chairmen to secure a place on the State Program.

Fecundity in Archer County.—A physician from Dundee, Archer county, reports during the last year eighteen births, among which occurred five pairs of twins.

School Buildings at Amarillo Disinfected.—In the time given for the holiday vacations, the various public school buildings in Amarillo were thoroughly renovated and disinfected.

Vital Statistics for November.—The following is from the report contained in the December *Bulletin of the Department of Public Health and Vital Statistics*s Births, 4265; deaths, 1294. This shows an increase of 238 births and a decrease of 87 deaths over September.

Oklahoma Board of Medical Examiners.—The Oklahoma State Board of Medical Examiners met in Chickasha, January 12th, for a four days' session. Four hundred licenses were issued and ninety-six rejected. The next meeting of the Board will occur April 13th at Guthrie.—*Houston Post.*

Tuberculosis at the Austin Lunatic Asylum, according to the retiring Superintendent, Dr. B. M. Worsham, prevails to an alarming extent. Fully 75 per cent of the deaths occur from this disease. Larger appropriations are necessary to provide more buildings for the segregation of the sick and provide better sanitary surroundings.

Dr. Brumby Buys Yacht Inola.—State Health Officer Dr. W. M. Brumby purchased the yacht Inola for use as a quarantine boat. The boat is being fitted up in accordance with the desires of the health officials. It is understood the boat will be placed at Sabine Pass, and the smaller one there taken to Galveston.—*Houston Chronicle.*

Another Doctor on Board of Regents.—Dr. A. W. Fly, of Galveston, has been elected to the Board of Regents of the State University. The Board now enrolls two doctors and consists of the following: T. S. Henderson; A. W. Terrell; J. W. McLaughlin, M. D.; Hampton Gary; Geo. W. Brackenridge; T. B. Greenwood; N. W. Finley; A. W. Fly, M. D.

The Texas Board of Pharmacy.—The Texas Board of Pharmacy met in Fort Worth, January 19th, for the examination of thirty-three applicants for licenses. The members of the Board are as follows: Bruce Mendenburgh, President, Beaumont; W. H. Robert, Denton; Thomas J. Snell, Cooper; John A. Weeks, Ballinger; R. H. Walker, Secretary, Gonzales.

Artificial Limbs to Be Made in Fort Worth.—Arrangements have been consummated with the Wintermute Artificial Limb Company of Kansas City to move its main offices and plant to Fort Worth. The company manufactures an artificial limb known as the leather cushion socket limb, and also makes a specialty of grinding surgical instruments.—*Fort Worth Record.*

Amarillo an Applicant for the State Meeting in 1910.—Amarillo, the Queen City of the Plains, where, in the language of Councilor Fly, "the ozone is as free as the howl of the festive coyote, and the password is 'stiffein,'" has appointed a committee to press the claims of Amarillo for the meeting of the State Medical Association in 1910.

The Epileptic Colony at Abilene is still without a Superintendent. Dr. L. L. Grizzard, of Abilene, has just been appointed by Governor Campbell as a member of the board of trustees. The new Superintendent of the Austin Lunatic Asylum is Dr. Jno. Preston, who so ably managed the Abilene Epileptic Colony. He assumed his duties in January.

Pasteur Institute Report.—In his report to the Governor, Dr. B. M. Worsham stated that approximately 1200 patients had been treated at the Pasteur Institute at the Insane Asylum at Austin, and that after all expense of operation there was a surplus of $4446 on hand. Only four of the patients died. These did not die at the asylum, and were not seen by any of the institute staff.—*San Antonio Express.*

Dr. Fly, Association Representative at Austin.—The Legislative Committee in conference with the Board of Trustees, has employed Dr. David R. Fly, of Amarillo, to represent the State Medical Association before the Legislature at Austin to secure the enactment, if possible, of the bill for a State tuberculosis sanitarium and the bill providing for a Board of Health. Dr. Fly will remain in Austin during the months of January and February, if necessary.

Medical Examining Board Reappointed.—Governor Campbell has announced the complete reappointment of the former State Board of Medical Examiners as follows: Dr. Ed Becton, Dr. James G. Osborne, Dr. W. B. Collins, Dr. G. B. Fosque, Dr. J. J. Dial, Dr. J. D. Mitchell, Dr. M. E. Daniel, Dr. R. O. Braswell, Dr. J. T. Crow, Dr. J. P. Rice and Dr. J. F. Bailey.

A Texas Sanitarium for Defective Children.—Dr. T. O. Maxwell, of Austin, has just opened an institution for the care and training of defective children. The building is located on one of the elevations of the city, provided with a substantial stone and brick building surrounded by large recreation grounds. Dr. Maxwell, the superintendent, is peculiarly qualified for this work on account of his sixteen years of institutional training. A home for the scientific care and training of defectives has long been needed by the State.

War on Tuberculosis in Louisiana.—Among a number of stringent resolutions recently adopted by the Louisiana State Board of Health, the following is especially noteworthy: All sleeping cars and day coaches must be fumigated at least once a month, and all public buildings every three months. It was also determined that no child suffering from tuberculosis in any form should be allowed to attend the public schools in the State, and no adult so affected will be permitted to teach in the schools.—*Houston Chronicle.*

Inspection of Texas Medical Schools.—Dr. N. P. Colwell, Chairman of the Council on Medical Education of the American Medical Association, visited the medical schools of Texas during the month of January, and had conference with members of the State Board of Medical Examiners. A careful inspection of the schools showed considerable improvement in equipment, curricula and grade of students received. Some of the medical schools which have not been able to meet the requirements of the Texas Board of Medical Examiners are preparing to meet these requirements in the near future.

Governor Campbell Makes Inquiries Concerning Insane Persons Confined in Jails.—Governor Campbell has sent letters to every sheriff in Texas asking how many insane persons are confined in the county jails, in order that suitable provision may be made for the proper care of the unfortunate insane of the State. The letter contains a blank upon which the sheriff is to report the number of insane in his county jail, with the number of males and females, whites, negroes, and Mexicans. It is probable that large appropriations for enlarging the insane asylums will be recommended in his message.—*San Antonio Express.*

Dr. Florence Returns from Mexican Inspection, which included a tour of the Mexican coast cities, in the interests of the Health Department. He found the localities free of yellow fever. At Vera Cruz the last yellow fever patient had been discharged the day before his arrival. He says that the sanitation of these coast cities is being revolutionized by order of the central government under military supervision. More money and labor are being expended in Vera Cruz for improving municipal sanitary conditions than is now being expended by the whole State of Texas in public health work. All city streets, including alleys, have been paved and catch basins placed in every block and the town thoroughly cleaned from end to end.

Growth of Our Health Organization.—In spite of the absence of proper health laws in Texas, the zeal of Dr. Brumby has enabled him to formulate a useful code of health and many reforms have resulted by the mere edicts of his office. Of equal importance has been the organization of county and city health officers. When he first took up this work two years ago, there were listed but 74 health officers. Out of 218 organized counties there are now 216 county health officers, and including municipal health officers 623 are now enrolled. With a proper board of health bill empowering the Board to enforce a sanitary code, this army of health officials will be of inestimable value.

The Gate City Medical College Again.—The *Microbe*, the students' organ of the Medical Department of Fort Worth University, comments editorially on the Gate City Medical College as "an excellent example of bull dog tenacity and immunity from the law." Letters and affidavits are presented, showing that Dr. J. W. Decker, of Texarkana, is still writing to the profession of Arkansas, offering for $50 a reading course in medicine which will include the diploma. The letters written December 5th promise diplomas by May 4, 1909. It would seem that such letters might be excluded from the United States mails, but a more reasonable course would seem the revocation of the charter by complaint of the State Board of Medical Examiners to the Attorney General's office.

Mandamus Proceedings Against Texas State Board of Medical Examiners.—A writ of mandamus to compel the State Board of Examiners to issue a license to practice medicine has been filed in the district court at Fort Worth by G. F. Gaither, a quadopathic practitioner of Glen Rose. He was examined by the Seventeenth Judicial Board in 1901, and granted a license. He filed the original license on January 23, 1907, in the district clerk's office of Brown county, where it was recorded. On January 28, 1908, he presented a certified copy of his license. Dr. Gaither claims the Board refused to grant him a verification license, giving as its reason that it had not been recorded by July 9, 1907.—*Fort Worth Record.*

The Trask Case.—The motion to strike out the statement of facts in the mandamus proceedings of Dr. Harlan Trask against the State Board of Medical Examiners was sustained by Judge Mike E. Smith, of the Seventeenth District court. If Judge Smith's action in sustaining this motion is approved by the higher court, the merit of the Board's appeal will never reach that body, and the Board will be compelled to issue Dr. Trask a license to practice medicine in this State. Dr. Trask in mandamus proceedings won his contention in the lower court. The State Board filed a notice of appeal. The law requires that the statement of facts in an appeal must be handed to the opposite attorney within fifteen days, and filed with the court within thirty days from the termination of the suit. It was shown that the required notice was not given Trask or his attorneys.—*Fort Worth Record.*

A Traveling Health Library.—During the last four years the members of women's clubs of Massachusetts have had in circulation a library of books on matters relating to health and hygiene, with the happy result of arousing a great public interest in personal and communal health and especially in the suppression of tuberculosis. It is believed that no other one agent has had a more happy influence upon the public mind, resulting in legislative appropriations for the care of the tuberculous, the establishment of local anti-tuberculosis and visiting-nursing associations, and the foundation of day camps. It is proposed now to extend the library scheme to the country at large, and the General Federation of Women's Clubs (the national body) will recommend that such a library be bought by club women and circulated by them. The Chairman of the Health Department of the General Federation is Mrs. Rufus P. Williams, of Cambridge, Mass.—*Medical Record.*

Texas Now Owns a Tuberculosis Exhibit.—The Tuberculosis Exhibit, which was brought from Washington by Dr. Brumby, and which was the property of the New York Associated Charities, has been gradually reproduced by local artists in several cities. Mr. Nelbach from New York, who had charge of the exhibit, returned early in January, carrying with him the larger part of the original exhibit. A few of the photographs from the Army and Navy Sanitaria and a few pieces of the original exhibition alone remain. Some of the work of reproduction is exceedingly creditable, it being almost impossible to tell the copies from the original. A few valuable additions have been made, principally in the form of mottoes and pen sketches. Some of this work of reproduction has been in pen and ink. It may be that this is equally as effective with some individuals, but to the majority of persons the enlarged photographs give the impression of the actual condition of affairs which is not made by the reproduction. On the whole, the exhibit is still a very creditable one and one that is calculated to do a vast amount of good. It is hoped that the health department may in some manner be supplied with funds to send this exhibition to a good many points in the State.

Governor Campbell and the Public Health.—In his message Governor Campbell recommended that the Health Department be given adequate authority and funds to pursue its work. The following is quoted from his message:

The Health Department of the State has been ably and efficiently administered. Every precaution to prevent the introduction and spread of contagious and infectious disease in the State has been taken. The Health Department has been often handicapped, however, by reason of limited authority and funds, and on account of the limited agencies at hand, and of this the Democratic convention took cognizance. The twelfth plank of the Democratic platform reads as follows: "We recommend that our State Health Department be granted adequate authority and ample means to properly safeguard the public health. In order to secure greater efficiency in our public health agencies, so as to maintain the reputation of our State for healthfulness, we favor such legislation as will achieve this purpose."

This demand from the party is based on conditions needing prompt attention, and the suggestions and recommendations made in the annual report of our State Health Officer are entitled to careful perusal, and coming as they do from such high medical authority, I commend them as worthy of your consideration.

The Christmas Festival.—The following beautiful Christmas greeting from the pen of the accomplished Mrs. Thekla M. Brumby, the wife of our State Health Officer, was given the readers of the *Bulletin of the Department of Public Health and Vital Statistics* in December:

The holiest and most beautiful of all the festivals which men celebrate is at hand.

There is not in all the range of literature, in traditions and legends of all ages, so sweet and fascinating a story as that of the birth of Him foretold by prophets, whose life was destined to be filled with service and deeds of tenderness, crowned by Gethsemane's agony and the torture of Calvary.

Let the beautiful spirit of giving enter the heart of self, that its glow and gleam may radiate unto others, thereby fulfilling the spirit of the Christ-child, whose mission was to love the world that even life itself was the greatest renunciation the world has ever known.

Enter the Christmas season with joy in your heart and desire to make joy for others; hang a wreath of holly in your window and a bunch of mistletoe beneath the chandelier, they will bring to your home the breath of the hillside slopes, the peace and quiet of deep woodlands, the appealing spirit of nature that loosens the fetters of care from human hearts and bids all drink deep at the fountain of peace and good will. The *Bulletin* sends greetings to its readers, and may the wonderful spirit of the Christ, whose advent we celebrate, be yours without end.

How Minor Schools Assisted in Securing a Board of Health.—Report of hearing before the Senate committee as reported in the *San Antonio Express* of January 28th:

Mr. Wilkerson explained the bill and a general discussion, entirely harmonious, followed, during which a number of corrections were made in the bill by Senators and physicians. The committee heard explanations by Pure Food Commissioner Abbott and by Senator Hudspeth for the stockmen, after which the bill was changed so that it can not interfere with the independent duties of the Pure Food Commission and Live Stock Sanitary Commission. They are to operate independently under their present statutes. The physicians claimed no intention of interfering, but only co-operation all around, which is provided for. The bill will be redrawn.

Dr. Braswell introduced the first real issue. He said he represented three minority schools—homeopath, eclectic and physio-medico—and wanted them protected in this law so they would not suffer from discrimination, and he presented an amendment providing that the minority schools shall have representation and that no school shall have a majority on the

board. He told of the fight the minority schools had to get on the State Medieal Board on which there was no majority school representation. He wanted it applied here, promising a fight in the halls if the eommittee refuses his request.

Mr. Wilkerson insisted that no school is reeognized; that the Governor ean appoint whom he pleases, with no school preferred or slighted, and as this is a sanitary code, for the proteetion of the whole people, there should be no school jealousies.

Dr. Cummings opposed the amendment and differentiated between a board for the health of the people and an examining board. He wanted a non-partisan board above issues and occasions for jealousies which might hamper its usefulness. He advoeated the bill at length, desiring the Governor's hands untied so he could appoint the best men no matter of what school. It was not a matter of schools, but of health for all the people.

Senator Willacy said the people should have the very best regardless of sehools; that the bill does not discriminate; that the appointment of examiners is not at all analogous to sanitary protection, whieh is above school elashes.

Dr. Chase deelared no school question is involved, as they are agreed as to sanitation. He said the threat is made to kill the bill if they don't get pie, henee they would sacrifiee the interests of the people unless they ean get pie.

Dr. Downs, homeopath, said the accusation was unfair, their effort being to sceure proteetion, as politics would keep the minority schools off the board; that the minority schools have been ignored, as usual, though willing to assist in every way.

Dr. Brumby objected to reeognizing any sehool, stating that in the Health Department's relations with 623 loeal health officers the question of sehool never enters.

Final words were said by Dr. Braswell and Dr. Cummings.

Adjourned until tomorrow afternoon.

DISTRICT SOCIETIES.

FIRST AND SECOND OR EL PASO-BIG SPRINGS DISTRICT.

The El Paso County Medical Society met December 5th and elected the following officers for the coming year: President, Dr. W. L. Brown, El Paso; Vice-President, Dr. B. F. Stevens, El Paso; Seeretary-Treasurer, Dr. H. T. Safford, El Paso; Censor, Dr. S. F. King.

The Nolan-Fisher-Stonewall County Medical Soeiety held its annual meeting Deeember 3, 1908. The following officers for 1909 were eleeted: President, Dr. R. J. Pope, Sweetwater; Viee-President, J. F. Bertram, Sweetwater; Seeretary-Treasurer, R. R. Allen, Roby. The next meeting is the first Tuesday in March, 1909.

THIRD OR PANHANDLE DISTRICT.

The Potter County Medical Society met in Amarillo reeently and eleeted the following offieers for 1909: President, Dr. I. Rascoe, Amarillo; Viee-President, Dr. J. R. Wrather, Amarillo; Seeretary-Treasurer, Dr. Geo. T. Thomas, Amarillo; Delegate, Dr. E. A. Johnston, Amarillo; Alternate, Dr. R. D. Gist, Amarillo; Dr. J. D. Bedford, Amarillo, Censor. The soeiety voted to ask for the 1910 Annual Meeting of the State Medieal Assoeiation.

FOURTH OR SAN ANGELO DISTRICT.

The Lampasas County Medical Society met in Lampasas, Deeember 8, 1908, and eleeted the following offieers: President, Dr. J. D. Dorbandt, Lampasas; Seeretary-Treasurer, Dr. Wm. D. Franeis, Lampasas; Viee-President, Dr. A. R. Ponton, Copperas Cove. The name of the Lampasas County Medical Soeiety was ehanged to Lampasas-Mills County Medieal Soeiety.

FIFTH OR SAN ANTONIO DISTRICT.

The Kerr-Kendall-Gillespie-Bandera County Medical Society met in Comfort, December 4, 1908. This being the annual meeting, the election of officers for 1909 constituted the program. The following were ehosen for offiee: President, Dr. Victor Keidel, Fredericksburg; Vice-President, Dr. J. D. Robinson, Center Point; Seeretary-Treasurer, Dr. W. B. Lawrenee, Comfort; Censors, Drs. R. L. Combs, Kerrville, L. K. Tainter, Frederieksburg, and J. M. Boyd, Kerrville; Delegate, Dr. E. E. Palmer, Kerrville; Alternate, Dr. C. C. Jones, Comfort. The cleetion was followed by a smoker whieh all enjoyed. The next meeting is to be held in Frederieksburg, March 1st.

The Uvalde-Edwards County Medical Society met reeently and eleeted the following offieers for 1909: President, Dr. O. F. Bonham, Sabinal; Vice-President, Dr. W. T. Rawlins, Sansom; Secretary-Treasurer, Dr. Wm. Watson, Uvalde; Censors, Drs. J. Q. Barnes, C. R. Myriek; Delegate, Dr. O. F. Bonham.

District Personal.—Mrs. Mary Watts, the wife of Dr. G. Graham Watts, of San Antonio, died January 6th.

SEVENTH OR AUSTIN DISTRICT.

The Lee County Medical Society met in regular quarterly session December 8th, and eleeted the following offieers: President, Dr. J. M. Johnson, Giddings; Viee-President, Dr. G. W. Southern, Lineoln; Seeretary-Treasurer, Dr. W. E. York, Giddings; Censor, Dr. T. H. D. Stuart, Tanglewood; Delegate, Dr. J. T. O'Bar, Ledbetter; Alternate, Dr. A. C. Connor, Lexington.

EIGHTH OR DeWITT DISTRICT.

The Wharton-Jackson County Medical Society met at Wharton, Deeember 23rd, and eleeted the following offieers for 1909: President, Dr. W. B. Huey, El Campo; Viee-President, Dr. Green L. Davidson, Wharton; Seeretary-Treasurer, Dr. A. L. Lineeum, Louise; Delegate, Dr. J. M. Andrews, Wharton; Alternate, Dr. W. L. Davidson, Wharton.

District Personal.—Dr. and Mrs. F. B. Shields, of Vietoria, have returned from a month's stay in New York City.

NINTH OR SOUTHERN DISTRICT.

The Galveston County Medical Society held its January meeting, January 8, 1909. Dr. H. W. Cummings, of Hearne, the President of the Texas State Medieal Assoeiation, was present and gave a most instruetive and helpful talk upon "*Medical Organization in Texas.*" He spoke of the number of doetors now members of the State Assoeiation, of the growth of it, some of the things which had been aeeomplished, and talked of some of the things whieh the Assoeiation hopes to aecomplish in the near future. Among these latter, eertain medieal legislation whieh is proposed was ealled to the attention of those present and eaeh was urged to help in pushing this. The other features of the program were talks on "*The Scientific Work of the State Association*" by Dr. James J. Terrill and on "*The Next Meeting of the State Association*" by Dr. M. L. Graves. Following this latter talk, a number of those present spoke on the eoming meeting of the Assoeiation in Galveston, and mueh enthusiasm was manifested, whieh insures the eo-operation of every doetor in the eounty in making this meeting the greatest in the history of the State Assoeiation. The eommittee on arrangements for this meeting, as appointed by President Cummings, is Drs. D. H. Lawrenee, M. L. Graves and W. S. Carter. A subeommittee of three to assist in the entertainment of the guests will be appointed. The following were eleeted to membership: Drs. W. E. Burk, T. F. Moore, J. A. Sherrin, E. F. Jones and Thos. Dorbandt. The latter was reeeived on a transfer eard from the Lampasas County Soeiety. The annual eleetion of offieers, which had been postponed from the December meeting, was then held and resulted as follows: Dr. David H. Lawrenee, President; Dr. H. O. Sappington, Viee-President; Dr. James J. Terrill, Seeretary; Dr. A. W. Fly, Censor for the three-year term. Dr. Marvin L. Graves holds over as delegate, with James J. Terrill as alternate. The President appointed the following Committee on Publie Policy and Legislation: Drs. John T. Moore, Edward Randall, and George H. Lee.

The Austin County Medical Society reeently met in Bellville, and eleeted the following offieers for the eoming year: President, Dr. B. E. Knolle, Industry; Viee-President, Dr.

J. S. Davidson, San Felipe; Secretary-Treasurer, Dr. Otto E. Steck, Bellville, re-elected; Censor, Dr. John Kraulik, Nelsonville; Delegate, Dr. W. T. Brown, Wallis. The next meeting will be held in Bellville on the afternoon of March 2nd.

The Harris County Medical Society met in Houston, January 16th. A communication from State Health Officer Brumby was read. It referred to Vital Statistics, and suggested that the society urge the county to pay for post cards to be printed by the State for the physicians to make reports of births and deaths. A committee was appointed to confer with the county officials. A motion was carried that the Secretary's State dues be borne by the society. Dr. O. L. Norsworthy stated that while he was visiting the Mayo clinic, he heard Dr. Vaughan of Ann Arbor, Michigan, in an address before the Surgeons' Club of Rochester, say that as a result of his observations for the past seven and one-half years he considered it dangerous to give a second dose of diphtheria antitoxin after twelve days had elapsed since a primary dose had been administered. This statement aroused considerable discussion, as it was new to every one present, and a question of great importance. It was decided to have the Secretary write Dr. Vaughan for further information.

Dr. Hoeflich read a paper on *"Two Obscure Cases of Neuritis."* This paper was carefully written, and gave reports of cases seen at the Touro Infirmary in New Orleans. Several members expressed their interest in the paper, though they had no experience with any cases. Dr. Norsworthy remarked that such cases were very unusual, and had never met any resembling those described. Although there is a good deal of leprosy in Louisiana, still the rapid improvement and also the age of the patient would rather contradict leprosy.

Dr. Neuhaus referred to cases of neuritis following acute infectious diseases. Dr. Hodges thought the first case due to tuberculosis and the second to traumatism.

Dr. Red referred to two points in the paper both of which had already been mentioned; first, obscurity, and second, question as to whether tuberculous or not. In neuritis the etiology is nearly always obscure. Tuberculous neuritis is always very painful and pain was not confined to one nerve, and the results in the cases reported were not to be considered to exclude tuberculosis as the nerve could regenerate so long as the sheath was practically intact. He has never seen a case of leprosy. He thought the X-ray a valuable contribution to therapy of neuritis. Heretofore these cases were treated by massage without a great deal of effect.

Dr. Haley said that the tubercle bacilli were not pus producers and believed that these cases were probably due to an infection of some other micro-organism. He would exclude leprosy by rapidity of involvement and improvement. Dr. Wier referred to an obscure case reported in the *Journal A. M. A.*, which proved to be leprosy. Dr. Hoeflich in closing, referred to the point raised by Drs. Neuhaus and Haley that these cases might be due to some previous infectious disease, but there was no history of such and seemed primary, although in case No. 2 there was a history of traumatism a year previous.

There being no further business the President announced that Dr. S. J. Wilson would read a paper on *"Scabies"* at the next meeting, and the society then adjourned to meet January 23d.

ELEVENTH OR EASTERN DISTRICT.

The Madison County Medical Society met in December in regular session, and the following officers were elected for the ensuing year: President, Dr. G. P. Day, Madisonville; Vice-President, Dr. J. E. Smith, Cotton; Secretary-Treasurer, Dr. J. E. Morris, Madisonville; Censors, Drs. J. D. Jordon, Madisonville, W. B. Cline, Midway, John E. Morris; Delegate, Dr. J. E. Morris.

The Robertson County Medical Society met in Hearne December 8th. The annual election of officers resulted as follows: President, Dr. J. C. Holman, Franklin; Vice-President, Dr. W. R. Vaughn, Calvert; Secretary-Treasurer, Dr. T. G. Curry, Franklin; Censors, Drs. J. E. Steele, Bald Prairie; L. M. Bassett, Hearne, and F. J. Gilson, Calvert. Committee on Public Health and Legislation, Drs. Daniel Parker, Calvert; William Erwin, Hearne; W. R. Vaughn, Calvert.

The Houston County Medical Society met recently in Crockett, and elected the following officers: President, Dr. R. W. Skipper, Lovelady; Vice-President, Dr. E. B. Stokes, Crockett; Secretary-Treasurer, Dr. L. Meriweather, Crockett; Del gate, Dr. W. W. Latham, Crockett; Alternate, Dr. G. V Worthington, Lovelady. A paper, *"Tuberculosis, Its Proph laxis and Treatment,"* was read by Dr. P. H. Stafford, Grap land; *"Calcium Sulphide,"* Dr. W. C. Lipscomb, Crocket Both were very interesting, and elicited much discussion. Tl society adjourned to meet the second Tuesday in April.

The Milam County Medical Society met in Cameron, D cember 8th, with fifteen members present. Some good pape were read and discussed. Owing to the lack of time tl papers not read were kept over until next meeting. The fo lowing were elected to office: President, Dr. G. M. Ande son, Tanglewood; Vice-President, Dr. J. M. Dollar, Gaus Secretary-Treasurer, Dr. A. S. Epperson, Cameron; Censo Dr. M. C. Sapp, Cameron; Delegate, Dr. B. M. Avent, Baile ville. The society will hold its next meeting March 9, 190

TWELFTH OR CENTRAL DISTRICT.

The Erath County Medical Society met in Stephenville, D cember 10th, with ten members present. Dr. Geo. S. McRe nolds, Councilor, was present, and made an interesting tal on *"Medical Legislation."* Dr. W. E. Sturgis, Stephenvill talked on the same subject. Dr. R. D. Chunn, Linglevill reported a case of cardiac disease which was examined ar discussed by the members present. The following officers we elected: President, Dr. A. O. Cragwell, Stephenville; Vic President, Dr. R. D. Chunn, Lingleville; Secretary-Treasure Dr. T. F. Bryan, Dublin, re-elected; Censor, Dr. Uel Keit Stephenville; Committee on Public Health and Legislatio Drs. S. D. Naylor, Stephenville; E. S. Winters, Dublin, ar T. J. Farmer, Dublin.

The Johnson County Medical Society recently met in Cl burne. The following officers were elected: President, Dr. L. L. Harris, Rio Vista; Vice-President, Dr. W. P. Ball, Cleburn Secretary-Treasurer, Dr. D. L. Bettison, Cleburne, re-electe Censor, Dr. J. M. Huddleston, Cleburne. A program commi tee was appointed to arrange programs six months in advanc The following is the program for the January meeting: *"C rebro-Spinal Meningitis, Diagnosis and Treatment,"* Dr. C. Schultz, Alvarado; *"Typhoid, Diagnosis and Treatment,"* D J. M. Huddleston, Cleburne; *"The Purity of Water and Foo in Point of Importance to the Health of Communities,"* Dr. D. Osborne, Cleburne.

The Limestone County Medical Society met in Mexia, D cember 17th, with twenty-five members in attendance. Tl meeting was devoted to the discussion of tuberculosis. Muc interest was shown by the talks. The following were elect to office: President, Dr. J. W. Cox, Groesbeck; Vice-Pres dent, Dr. T. J. Horton, Hornhill, re-elected; Secretary-Trea urer, Dr. J. W. Rawls, Thornton, re-elected; Committee Public Health and Legislation, Drs. W. N. Brooks, Oletha F. G. Armstrong, Delia, and B. S. Ezzell, Kosse. Dr. a Mrs. J. L. Metcalf, of Mexia, entertained the society with luncheon. Dr. Metcalf is a dentist.

The Comanche County Medical Society met December 9t in Comanche, with nine members. Those visiting the societ were Drs. Geo. S. McReynolds, Councilor of the Twelfth Di trict; J. S. Hickson, of San Angelo, and Hays, of Bibb. Tl President, Dr. R. B. Sellers, delivered his annual address the subject of *"Modern Medicine."* Dr. McReynolds made talk on *"State Medicine."* Three dollars and fifty cents w collected for the protection of the public health laws. Tl election of officers for 1909 resulted as follows: Presiden Dr. J. W. Carson, Comanche; Vice-President, Dr. W. W. Ni per, DeLeon; Secretary-Treasurer, Dr. R. B. Sellers, C manche; Censor, Dr. Chas. Ory, Comanche; Delegate, Dr. P. Weaver, DeLeon; Alternate, Dr. L. B. Thomas, Comanch

The Navarro County Medical Society met in annual sessio December 22, 1908, and elected the following officers: Pres dent, Dr. T. V. Fryar, Corsicana; Vice-President, Dr. Hug Sloan, Rice; Secretary, Dr. T. B. Saddler, Corsicana; Trea urer, Dr. W. D. Fountain, Corsicana; Censor, Dr. H. B. Je tor, Corsicana; Committee on Board of Health and Legisl tion. Drs. D. B. Currie, of Kerens; W. T. Shell, of Corsican and B. W. D. Hill, of Dawson; Delegate, Dr. B. W. D. Hill Alternate, Dr. T. A. Miller, Corsicana. A banquet was serve after adjournment. The following were guests of the society Drs. H. W. Cummings, Hearne; G. B. Foscue, Waco; J Becton, Greenville; J. C. Loggins, Ennis; W. P. McCall, E

nis; Maj. C. H. Mills, Judge John H. Riee, and Judge O. C. Kervin.

The Coryell County Medical Society met at Gatesville, December 7th, with seven members present. This was the occasion of the annual eleetion of officers, and the following were elected: Dr. R. Bailey, Gatesville, President; Dr. C. H. Crawford, Pidcoke, Vice-President; Dr. Ed. Graves, Gatesville, Secretary-Treasurer; Drs. H. R. Ammons, Turnersville; W. B. Newland and R. L. Roby, of Gatesville, Censors; Dr. E. B. Baker, Gatesville, Delegate; Dr. W. B. Newland, Gatesville, Alternate; Drs. D. M. Jordan, Oglesby, and A. J. Baird, Gatesville, Committee on Public Health and Legislation. The following papers were read and discussed: *"Differential Diagnosis: Pneumonia, Acute Pleurisy and Influenza,"* Dr. F. B. Bakes, Gatesville; *"Pathology and Treatment of Pneumonia,"* Dr. R. L. Raby, Gatesville. The society enjoyed a visit from Councilor Geo. S. McReynolds, of Temple. Dr. J. J. Collier, of Purmela, was elected to membership.

District Personals.—Dr. J. J. Deane and Miss Jessie Triee, both of Waco, married December 23rd.

Dr. W. P. Ball and Miss Maggie Lockett, both of Cleburne, were married December 23rd.

Mrs. Katie Blalock, wife of Dr. W. C. Blalock, of Kosse, died January 14th, after a lingering illness.

FOURTEENTH OR NORTHWESTERN DISTRICT.

The Hood County Medical Society met in regular session December 11th, with ten members present. The society had as guests Dr. Geo. S. McReynolds, Councilor of the Twelfth District, Dr. J. H. Perry, Lipan, and Prof. R. F. Holloway, Thorp Springs. The annual election of officers resulted as follows: President, Dr. A. Carmichael, Granbury; Vice-President, Dr. A. R. Jarrett, Granbury; Secretary-Treasurer, Dr. E. H. Morgan, Granbury; Delegate, Dr. H. L. Wilder, Rainbow; Alternate, Dr. J. D. Currie, Paluxy; Censor, Dr. J. S. Poyner, Thorp Springs; Committee on Public Health and Legislation, Drs. H. L. Wilder, J. D. Currie and J. S. Poyner. The amount of $5.50 was raised for the protection of the public health laws. Dr. J. D. Currie read a paper on *"Medical Ethics,"* which was highly appreciated and freely discussed. Dr. McReynolds, the Councilor, made an address on society matters for which a vote of thanks was given. Other addresses were made by members on matters of interest to the membership. Luncheon was served the visitors and members.

The Lamar County Medical Society met January 7th, at Paris, with thirteen present. The following officers were elected: President, Dr. J. E. Fuller, Sumner; Vice-President, Dr. J. D. McMillan, Paris; Secretary-Treasurer, Dr. J. M. Hooks, Paris; Delegate, Dr. Fuller. The program consisted of two excellent papers: *"Scarlet Fever,"* Dr. W. G. McCuistion, Paris; *"Pneumonia,"* Dr. J. D. McMillan. The discussions were general.

The Bastrop County Medical Society met recently and elected the following to office: President, Dr. H. P. Luckett, Bastrop; Vice-President, Dr. G. T. King, Elgin; Secretary-Treasurer, Dr. J. G. Jones, Smithville; Delegate, Dr. T. B. Taylor, Elgin; Alternate, Dr. W. E. Woods, Elgin.

The Denton County Medical Society met January 4th, in Denton, with fifteen members in attendance. The program consisted of the following: *"Report of Operation for Large Ovarian Cyst,"* Dr. J. M. Inge, Denton; *"Report of Case of Fracture of Head of Femur, in which Nails were Used to Hold Fracture in Place,"* Dr. J. C. Rice, Lewisville; *"Report of Case of Carcinoma of the Stomach, with Incision to Clear Diagnosis"; "Report of a Case of Intubation of Child Three Years Old for Diphtheria, in which Anti-toxin Had Failed to Relieve, with Recovery of Child."*

The Grayson County Medical Society met in Denison, January 5th, with fourteen members in attendance. The program consisted of several case reports, an essay on *"Diabetes Melitus,"* the varieties and treatments, and a general discussion on the *"Prophylaxis of Tuberculosis."*

The Fannin County Medical Society met in Bonham with seven members present. Dr. S. E. Spence of Windom, was admitted to membership. The program was as follows: *"La Grippe, Bronchitis and Pneumonia, Their Differential Diagnosis,"* Dr. C. A. Gray, Bonham. This was fully discussed. Dr. R. E. Lee presented two interesting clinical cases. A motion assessing each member 50 cents for aid in public health legislation was carried. The motion carried to invite the Lamar County Medical Society to meet with this society the second Thursday in April.

The Hopkins County Medical Society met in Sulphur Springs, January 6th, with seven in attendance. Dr. S. B. Longino read a paper on *"Pneumonia"*; Dr. M. E. Sheppard reported an unusual case of pneumonia. The discussions were general.

The Hunt County Medical Society met December 8th, 1908, with thirty-three members present, and held one of the most enthusiastic meetings in the history of the society. The following program was rendered: *"The Old-Time Doctor,"* Dr. J. F. Harris, Celeste; *"The Doctor Up-to-Now,"* Dr. Wm. A. Boyee, Commeree; *"The Doctor and Advertising,"* Dr. Joe Becton Greenville; *"The Doctor and Contingent Fees,"* Dr. C. E. Cantrell, Greenville. A committee of five was appointed to report at the January meeting on advertising, contingent fees, and division of fees. Dr. D. Faulk, of Emory, and Dr. J. A. Bush, of Greenville, were admitted to membership. The election of officers resulted as follows: President, Dr. B. F. Arnold, Greenville; Vice-President, Dr. J. J. Coppedge, Greenville; Secretary-Treasurer, Dr. D. R. Waddle, Greenville; Censors, Drs. M. L. Moody, T. J. Milner and P. A. Peak.

The Tarrant County Medical Society met Monday, January 4th, in the assembly hall of the Medical College, with about thirty in attendance. Dr. George Adams was Chairman of the scientific section. Dr. I. C. Chase presented a paper with specimens and drawings illustrating *"A New Operative Principle in the Treatment of Fistula-in-Ano."* Dr. C. O. Harper presented a paper on *"Osteomyelitis."* Both papers were freely discussed. Dr. W. C. Swain, Secretary of the Dallas County Medical Society, was a visitor, and conveyed to the society the best wishes of the Dallas County organization in appropriate remarks. Dr. K. H. Beall will be section leader for the next meeting, February 8th.

District Personals.—Dr. J. T. Wilson, of Sherman, has been seriously ill at the home of his brother in Baltimore.

Dr. E. J. Neathery, of Sherman, spent part of November and December in New York City.

Dr. Bacon Saunders, of Fort Worth, recently visited his mother and other relatives in Bonham.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Bowie County Medical Society met in Texarkana, December 18th, with a small attendance. Dr. J. K. Smith, of Texarkana, read a paper on *"The Physician and the Pharmacopeia,"* which offered good opportunity for a free discussion of the entire proprietary medicine question. Conservatism in the use of proprietaries, and a return to recognized standards was urged by all who spoke. On account of the small attendance, the annual election of officers was postponed to the January meeting.

The Camp County Medical Society met in Pittsburg, December 28th, with a good attendance. Dr. Robert J. Cook, of Leesburg, was elected to membership in the society. The following officers were elected for the ensuing term: President, Dr. C. F. Henderson; Vice-President, Dr. R. J. Swaim; Secretary-Treasurer, Dr. R. Y. Lacy, re-elected; Board of Censors, Drs. E. E. Bryson, R. J. Swaim and R. Y. Lacy; Delegate, Dr. E. E. Bryson; Alternate, Dr. F. H. Ellington.

The Cass County Medical Society met in Atlanta, January 6th, with an average attendance. After a brief discussion of the prevailing ills, the society took up the question of prosecuting certain reported illegal practitioners in the county and adopted a resolution directing the Committee on Public Policy and Legislation to proceed vigorously to bring all such before the courts.

The Gregg County Medical Society met in Longview, January 5th, with an unusually large attendance. Dr. D. C. Bussy, of Longview, was admitted to membership. The following officers were elected for the ensuing year: President, Dr. M. B. Feemster, of Longview; Vice-President, Dr. F. J. Green; Secretary-Treasurer, Dr. L. N. Markham, Longview; Censors, Drs. Stansberry, Marshall and Terry, of Longview.

The Harrison County Medical Society met in Marshall, January 5th, with a good attendance. Several interesting cases

were reported and commented upon. The retiring Legislative and Public Policy Committee reported the net results of its work, and made recommendations for the guidance of the new committee. President Vaughan announced the following as the new Committee on Public Policy and Legislation: Drs. O. M. Heartsill, W. W. Nelson, and S. F. Vaughan. Dr. Jas. F. Rosborough was added to the committee temporarily for the purpose of assisting in the investigation of a particular case of illegal practice and fraud reported to the society. Dr. F. S. Littlejohn, of palestine, presented his transfer card from Anderson County Society and was elected to membership.

The Wood County Medical Society met in Quitman, January 8th, with a large number of members present. After a thorough discussion of the business interests, the society elected the following officers for the ensuing year: President, Dr. S. W. Hart, Mineola; Vice-President, Dr. Thomas Blaek, Andrews; Secretary-Treasurer, Dr. D. A. York, Mineola, re-elected.

District Personals.—Dr. H. J. Childress, at present doing extended postgraduate work at Tulane, spent Christmas at his home, Gilmer.

Dr. S. C. Truitt has returned to his old home near Lafayette, and resumed general practice.

Dr. J. H. Taylor, of Marshall, attended court in Gilmer in January.

Dr. J. C. Winn, of Gilmer, returned home from Memphis Hospital College for the Christmas holidays.

Dr. A. D. Patillo, of Myra, has removed to Winnsboro, and has engaged in practice with Dr. W. L. Baber.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM DECEMBER 20TH TO JANUARY 20TH.

D. L. Lowery, from Fairfield to Teague.
L. H. Colley, from Smithfield to Vernon.
W. L. Barber, from Myra to Winnsboro.
A. J. Parks, from Scranton to Cisco.
J. J. Blanton, from Johnson City to Buda.
J. B. Chaffin, from Bruceville to Mooreville.
R. A. Kooken, from San Angelo to Hamilton.
A. M. Anderson, from Kennedy to Lampasas.
H. L. Wilder, from Mambrino to Rainbow.
J. S. Zvesper, from Ammansville to West.
R. E. Bowen, from Devers to Liberty.
O. C. Grant, from Avalon to Itasca.
B. B. McGee, from Sylvester to Avoca.
Stephen N. Jordan, from Liberty to Sour Lake.
G. A. Trott, from Georgetown to Denton.
S. J. Petty, from Park Springs to Decatur.
E. H. H. Foster, from Boonsville to Bridgeport.
Aug. Kuhn, from Temple to Pflugerville.
W. H. Bennett, from El Campo to Port Arthur.
S. L. Terrell, from Dallas to 38 Behren Strasse, Berlin, Germany.
Wilmer L. Allison, from Dallas to Arlington Heights Sanatorium, Fort Worth.
C. F. Smith, from Fairdale to Brookland.
J. C. Coffey, from Gore to Vera.
B. S. Elliott, from Augusta to Crockett.
J. M. Sanders, from Scurry to Britton.
L. Shoemaker, from Handley to Axtell.
J. H. Sampson, from Houston to 1308 Post St., San Francisco, Cal.
N. H. Bickley, From Merit to Plains.
B. T. Bryant, from Whitehouse to Prichett.
L. Kusch, from Pottsboro to Gay Hill.
W. N. Kelley, from Burns to Era.
J. G. Smith, from Nevada to Velasco.

NEW TEXAS MEMBERS OF A. M. A. FOR DECEMBER, 1908.

Brown, W. D., Texla.
Nichols, P. C., Sylvester.
Hamilton, W. S., San Antonio.
Russell, P. S., Batson.
Hays, A. R., Fort Worth.
Walker, J. H., Sylvester.

DEATHS.

Dr. Jefferson Davis Hooker, of San Antonio, died at his home in that city, December 11, 1908. He was born at Palestine, Anderson county, Texas, May 15, 1861. At the age of 10 he was left an orphan, and was reared by his uncle in Cleburne. His medical education was obtained from the Louisville Medical College, from which he graduated in 1886. He located and began practicing in Auburn, Ellis county. In 1888 he married Miss Emma C. Dorris, and moved to the southern part of the State. He came to San Antonio in 1905, and was taken sick a few months after. His illness continued until his death. He leaves a widow and two children. Dr. Hooker was at one time a member of the State Medical Association and the Bexar County Medical Society, but on account of his illness he allowed his membership to lapse.

Dr. Otis Lawrence Williams, of Dallas, died at his home on January 1st, aged 66. He was born in Mobile, Ala., December 18, 1843. When an infant, his family removed to New Orleans, eight years later coming to Texas, settling in Karnes county. Here he received his early edueation. At the beginning of the Civil War he enlisted and served as a private in Company A, Walker's Division, throughout the hostilities. In 1868 he graduated from the Medical Department of Tulane University. The same year he married Miss Susie R. Routt of Chappell Hill, Texas. He practiced in Chappell Hill for twenty years, when he removed to Dallas. He is survived by his wife and seven children. Dr. Williams had up to the present year been affiliated with his county and State societies. He was a member of the Methodist church and a Mason. He was buried at Oak Cliff.

BOOK REVIEWS.

International Clinics, a Quarterly of Illustrated Clinical Lectures on the Various Branches of Medicine and Surgery by leading members of the medical profession throughout the world. Edited by W. G. Longcope M. D., Philadelphia, with the collaboration of Wm Osler, Oxford; John H. Musser, Philadelphia, and twelve other prominent physicians and surgeons. Regular correspondents in Montreal, London, Paris Berlin, Vienna, Leipsic, Brussels, and Carlsbad. J B. Lippincott Co., Philadelphia and Boston.

Volume III (Eighteenth Series), contains the following articles:

"*Sciatica, Its Nature and Treatment,*" by Sir Dyce Duckworth, M. D., LL. D., F. R. C. P., London; "*The Treatment of Pertussis by Fluoroform,*" by Paul L. Tissier, M. D., Paris; "*Two Cases of Tetanus Treated With Cholesterin, With Recovery,*" by M. Almogia, M. D., and G. Mendes, Rome.

"*Perforation of the Intestine in Typhoid Fever,*" by J. A Scott, M. D., Philadelphia; "*The Value of Esophagoscopy from the Point of Diagnosis and Therapeusis,*" by M. Guisez M. D., Paris, France; "*Considerations as to the Nature of Hysteria, With Their Application to the Treatment of a Case,*" by Tom A. Williams, A. M., M. D., Washington, D. C. "*The Cystotopieal Examination of a Case Diagnosticated Clinieally Malignant Discase of the Liver and the Spleen,*" by John M. Swan, M. D., Philadelphia.

"*Melanotic Neoplasms,*" by John H. Gibbon, M. D., Philadelphia, and Duncan L. Despard, M. D., Philadelphia; "*The Modern Treatment of Fraetures by Means of Direct Internal Splintage,*" by Eldred M. Corner, M. C. (Cantab), F. R. C. S (Eng.); "*Adenoma of the Thyroid Gland,*" by Geo. P. Muller M. D., Philadelphia; "*Pericolic Inflammation,*" by H. S Clagg, M. S. (London), F. R. C. S. (Eng.).

"*The Disinfection of the Uterine Cavity in Puerperal Infection,*" by A. Schwab, M. D., Paris, etc.

Backbone, by Dr. S. DeWitt Clough, of Chicago. Published by the *American Journal of Clinical Medicine* Price, 50 cents.

This little book was written in a happy vein, and is composed of short, catchy articles which hold the interest of the reader from the first. It has an unlimited amount of optimism crowded into a very small space, and is, as its author says, "A straight up antidote for the blues and a straightahead, sure eure for grouch. It will be found an addition to every physicians book shelves.

BOOKS RECEIVED.

Keens Surgery. Vol. IV. (W. B. Saunders Co.)

Diseases of the Nose, Throat and Ear, *Paekard.* (Lippincott.)

Diseases of the Digestive Canal, *Fulton.* (Lippincott.)

International Clinics, Vol. IV. Eighteenth Series. (Lippincott.)

Texas State Journal of Medicine

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A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

An Educational Public Health Campaign.—There is a crisis in our public health affairs that peremptorily demands the individual and co-operative work of our profession. In the responsibilities assumed by the learned professions, none is more important than that resting upon physicians. We are empowered and charged by the public with the execution of certain missions for which we alone are equipped by experience and education. In this day the physician who feels he is entitled to the plaudit of "Well done, thou good and faithful servant" after he has relieved a neuralgic pain or stood sponsor at the trials of an accouchment is years behind the times. He must fall in with the march of progress or soon be relegated with the superannuated.

Organization and specialization are strong characteristic features of the twentieth century. The time is now at hand when it is a patriotic duty, we might say a public necessity, for every reputable physician to join his county society and do his share in the great work of educating the public. This is absolutely essential, not only for individual advancement and the elevation of the profession, but for the welfare of the people. Only in unity is there great strength. As the county society is the foundation upon which rests our State and national organizations, one can readily appreciate the paramount importance of individual effort and co-operation. If not already a member, send in your application to your county secretary at once, and let the physicians of the great State of Texas be second to none in the crusade against all contagious and infectious diseases.

There is now a crying demand for men who can and will do things; physicians who are broad-gauged enough to overlook the faults and shortcomings of their fellow practitioners, and who have the capacity for divining the good and excluding the evil in their fellow men. In this age, we should not be, as Rienzi said of his fellow Romans: "Slaves to a horde of petty tyrants," like envy, jealousy and personal animosities. Then, "to be a Roman was greater than to be a king," and in the twentieth century it is more honorable to be a high-class, broad-gauged American physician than to be a king.

The Committee on Public Instruction of the State Medical Association is alive to the fact that this is a great opportunity for the medical profession to elevate themselves to that high plane in public estimation to which they are so justly entitled. Shakespeare said: "There is a time and tide in the affairs of men which, taken at its flood, leads on to fortune." There is a time and tide upon us now in public health affairs. If we mount the wave and accept our responsibility in this great educational campaign, we will eventually ride into the harbor of public commendation and appreciation. We must demonstrate to the intelligent public by our individual and co-operative work in the great science of preventive medicine that we have the welfare of the public at heart. The work of our efficient National Organizer, Dr. J. N. McCormack, in his discussions to the laity from State to State and county to county, has placed the medical profession before the public in its true light, with demonstrated obligations which it can not afford to disregard.

There should be held public meetings under the auspices of each county society, with papers not only from members but from leading ministers, lawyers, school teachers, newspaper men and any others who might be interested in this life-saving and health-preserving cause. The State Committee on Public Lectures consists of Drs. David R. Fly, Bacon Saunders and Albert Woldert. In any way that this committee can assist, it will be most happy to respond.

The Emmanuel Movement.—Looming large on the horizon is a new medical fad. It seems destined to invade the field of medical practice like Christian Science. The clergy are emerging as medical practitioners claiming a new psychic power. It is destined to injure the church by diverting its forces and energies. It will confuse and mislead the people. Many capable members of the medical profession seem to have been considerably enmeshed by the doctrine. Dr. Joseph Collins, of New York, in a recent address said:

> Somewhat more than two years ago the rustle of psychotherapy was plainly heard in this country, but it is only recently that it has attained cyclonic proportions in the shape of the so-called Emmanuel movement. This is a revival of some of the emanistic doctrines of Neo-Platonism, fostered by the philosophy of F. H. W. Meyers and Hudson, with here and

there the teachings of William James. It has developed under the auspices of the Emmanuel Church of Boston from the efforts of the Rev. Elwood Worcester. This divine claims to have received the germinal idea from Dr. S. Weir Mitchell and the impetus to start the movement in the hearty co-operation of the "leading neurologists of New England," but especially of Dr. James J. Putnam, Professor of Neurology in Harvard University. Both physicians have publicly repudiated the Emmanuel movement, its practice, pretensions and propaganda.

In reality the purpose of the movement is the revivication of that branch of the Christian Church of which the Rev. Elwood Worcester is a member and whose doctrines he professes to believe and has promised to disseminate. This church has fallen into a state of apathy, whose future along present lines of conduct seems bleak and sterile (quoted from Rev. E. Worcester's address to the Faculty Club of Columbia University, May, 1908): "The Christian character of the undertaking is guaranteed chiefly by the fact that it is absolutely disinterested." Volunteer contributions are solicited at each meeting so successfully that already the Boston clinic is in possession of a large fund which, it has been said by one of the founders, is to be used for the purchase of a property and for the construction of a spiritistic sanitarium.

The leaders of this actively profess to base their advent into the practice of medicine on a scientific basis, and cite in support of their profession the fact that they have associated themselves with physicians. In reality what they have done is to discuss with physicians the advisability and great desirability of uniting the efforts of the church and of the medical profession and of all other learned professions.

The Emmanuelites are attempting to associate with them physicians who will act as diagnostic tools and who, after making the diagnosis, will turn the patients over to them for treatment, the leaders of the movement, for some incomprehensible reason, assuming that they have an ability to cure disease which the physician has not or can not acquire. The only real motive that can be assigned for such attempt is that, having failed in the profession for which they were trained, a portion of the clergy now essay to try their luck in one for which they have no training, on the ground that Christ was a physician and that they are followers in his footsteps.

Proposed Amendments to the Constitution.—Dr. Marvin L. Graves, of Galveston, at the last annual meeting, proposed three amendments to the Constitution, all of which refer to the composition of the House of Delegates and to the eligibility of its members for election to office. Article VIII, Section 3, now reads:

> The officers of this Association shall be elected by the House of Delegates on the morning of the last day of the annual session, but no Delegate shall be eligible to any office named in the preceding section, except that of Councilor and Trustee, and no person shall be elected to any such office who is not in attendance on that annual session and who has not been a member of the Association for the past two years.

First Proposed Amendment—Amend by substituting for "no delegate" the words "no member of the House of Delegates." The section as it now stands permits Presidents, Vice-Presidents, Councilors, Trustees, Secretaries and Treasurers to be selected from non-members of the House, and also from the Councilors, Trustees, Secretary, Treasurer and Legislative Committee now having seats in the House. It makes ineligible to office, except the offices of Councilors and Trustees, delegates sent by county societies to form the legislative body. The sole purpose of this exclusion in the minds of the framers of the Constitution was to keep the House from being packed with applicants for office and to exclude self-interest from its deliberations. The officers of the society who now have seats in the House are creatures of the House, often experienced agents of the Association, usually men who have been brought into service and into the House because of peculiar fitness. To deny the House the power of again using such agents was thought to be a disastrous policy. While there is much honor in holding Association office, the conduct of its business is like that of any other commercial enterprise, and requires for the most efficient administration qualified, trained men with a necessary continued acquaintance with their work. This amendment deprives the House of the right to raise the Councilors, often its most efficient generals, as well as its Trustees and Legislative Committee, to be President, Vice-President, Secretary or Treasurer. It makes it impossible to re-elect any secretary or treasurer. The Constitution of the American Medical Association prohibits members of the House of Delegates from being candidates for the "Presidency or Vice-Presideney." It is probable that the author of these amendments, from the appended letter, aimed, likewise, to prohibit members of the House from being candidates for President and Vice-President, but the amendment as it now stands is much more inclusive.

Second Proposed Amendment—To amend the same section by striking out the words "but no delegate shall be eligible to any office named in the preceding section, except that of Councilor or Trustee." This amendment makes delegates as well as others eligible to election to any office. The wisdom of this *alternate* amendment mainly involves the question whether it is desirable to remove self-interest from the House, and, if so, whether the present arrangement effects this. Until two years ago, a nominating committee canvassed the entire profession present at the annual meeting and gave the general body an opportunity to indicate their wishes to the House. This was abolished at Mineral Wells, and the power of nomination limited solely to the House. This proposed amendment would seem to further concentrate the power of the House by opening official nominations to delegates themselves.

Third Proposed Amendment—To add to Article V the words: "The ex-Presidents of this Association." As this article deals with the composition of the House of Delegates, the amendment proposes to make ex-Presidents ex-officio members of the House. Beyond increasing the already large House, there could be no objection to this amendment, and some advantage would certainly accrue from the presence of ex-Presidents experienced in the administration of Association affairs.

Delegates and county societies should give this subject careful consideration before coming to the Galves-

ton meeting. That the author's views may be fully understood, we append the following letter:

Regarding the amendments to the Constitution introduced by me at the Corpus Christi meeting, at Mineral Wells I raised the question of the eligibility of *members* of the House of Delegates to election to the Presidency and Vice-Presidency. President Foscue then ruled that members of the Boards of Trustees and Councilors were eligible, and that delegates elected by the component county societies were ineligible to such election. This ruling was in absolute accord with precedent and the law, and was right. It permitted the election of two classes, namely, the Trustees and Councilors, to the presidency, and denied that privilege to the third, and largest, and most representative elass.

Believing this rule to be inequitable and fraught with danger to the future welfare of the Association, I introduced amendments to Section 3, Article 8, of the Constitution, providing first, "that no member of the House of Delegates shall be elected," etc., or in the event that this is not desired, a second amendment was offered, which eliminates all discrimination and opens the Presidency and Vice-Presidency to the election of any member of the Association. These amendments will come up for consideration at the Galveston meeting in May.

I need scarcely add that these amendments are not suggested in any spirit of criticism of any past election or official, but because I believe the present law inequitable and capable of future mischief.

It is, in my judgment, unwise and unjust that a representative of the component county societies, who comes freshly commissioned by his home county, should be eligible to the positions of President and Vice-President, while other members of the House of Delegates, namely, the members of the Board of Trustees and Councilors, who have an equal voice and vote with him in the deliberation of that body, are eligible to these official positions. It should be remembered that there are five Trustees and fifteen Councilors, who form a more or less continuous membership of the House of Delegates, while the delegates themselves are chosen biennially, and sometimes annually. This possible balance of power should not be permitted. I believe that the Presidency and chief official positions of the Association should be of the highest honor, and should never be sought, and that our best men should always be chosen for these positions without the slightest suspicion that their membership in the electing body contributed thereto. In order to accomplish this, it was deemed wise by the House of Delegates of the American Medical Association that none of its *members* should be eligible to the first two official positions. The Constitution of the American Medical Association, Article 9, Section 3, provides, *no member* of the House of Delegates shall be eligible to the office of President or Vice-President." This provision happily and effectually disposes of a potential source of disagreement.

If, however, it be thought by my fellows that so large a number of earnest workers as the House of Delegates should not be rendered ineligible to the Presidency and Vice-Presidency, the second amendment is submitted which permits the election of any member of the Association to these positions, whether he is a member of the House of Delegates or not.

I fully concur in your suggestion that discussion of the subject now will assist in its proper solution at Galveston.

Very truly yours,
(Signed) M. L. GRAVES.

Papers for the Annual Meeting.—Those who expect to read papers before the next State meeting convening at Galveston, May 11th, must have titles in the hands of section officers not later than March 15th. The entire program of the State meeting must appear in the April JOURNAL, which goes to press on the 20th of March. Following is a list of section officers and committees:

SECTION OFFICERS AND MEMBERS OF COMMITTEES FOR THE GALVESTON MEETING, MAY 11, 12, 13, 1909.

Section on Medicine and Diseases of Children.—Dr. J. H. Wysong, Hico, Chairman; Dr. S. P. Rice, Marlin, Secretary.

Section on Surgery.—Dr. Frank L. Barnes, Trinity, Chairman; Dr. W. G. Jameson, Palestine, Secretary.

Section on State Medicine and Public Hygiene.—Dr. F. E. Daniel, Austin, Chairman; Dr. L. B. Bibb, Austin, Secretary.

Section on Gynecology and Obstetrics.—Dr. J. W. Hale, Waco, Chairman; Dr. H. M. Doolittle, Dallas, Secretary.

Section on Ophthalmology, Otology, Rhinology and Laryngology.—Dr. Edw. H. Cary, Dallas, Chairman; Dr. Jos. H. Mullen, Houston, Secretary.

Section on Psychology and Medical Jurisprudence.—Dr. G. H. Moody, San Antonio, Chairman; Dr. F. U. Painter, Pilot Point, Secretary.

Section on Pathology.—Dr. J. M. Frazier, Belton, Chairman; Dr. K. H. Beall, Fort Worth, Secretary.

Committee on Public Policy and Legislation.—Dr. H. W. Cummings, Hearne, President (ex-officio); Dr. I. C. Chase, Fort Worth, Secretary (ex-officio); Dr. W. B. Russ, San Antonio; Dr. Jas. A. Hill, Groveton; Dr. J. A. Holloway, Round Rock.

Committee on Insurance.—Dr. J. W. Largent, McKinney; Dr. Holman Taylor, Marshall; Dr. C. E. Cantrell, Greenville.

Committee on Collection and Preservation of Records.—Dr. R. H. Harrison, Columbus; Dr. T. T. Jackson, San Antonio; Dr. Jno. T. Moore, Galveston.

Committee on Institution for Care of Indigent Consumptives.—Dr. Frank Paschal, San Antonio; Dr. M. M. Smith, Dallas; Dr. W. S. Carter, Galveston.

Committee on Education of Women.—Dr. Malone Duggan, San Antonio; Dr. J. M. Frazier, Belton; Dr. W. W. Long, Sulphur Springs.

Texas Representative of the Council on Medical Education.—Dr. Jno. T. Moore, Galveston.

Committee on Memorial Resolutions.—Dr. C. P. Yeager, Corpus Christi; Dr. Jno. T. Moore, Galveston; Dr. R. E. B. Bledsoe, Somerville.

Committee on Railroad Contract Practice.—Dr. D. R. Fly, Amarillo; Dr. R. W. Knox, Houston; Dr. J. W. Irion, Fort Worth.

Committee on Public Leetures.—Dr. D. R. Fly, Amarillo; Dr. Bacon Saunders, Fort Worth; Dr. Albert Woldert, Tyler.

Committee on Fund for Protection of Public Health.—Hon. B. F. Looney, Greenville; Dr. W. M. Brumby, Austin; Jas. A. Hill, Groveton.

Committee on Arrangements for 1909 Meeting.—Dr. David H. Lawrence, Dr. Marvin L. Graves, and Dr. W. S. Carter, Galveston.

The Journal of the Southern Medical Association is the name of a new publication issued by Dr. Oscar Dowling, of Shreveport, La. Volume 1, No. 1, was out in January, and replaces *The Medical Recorder,* formerly issued by him. The new journal is the official organ of the Southern Medical Association and the Tri-State Medical Society (Arkansas, Louis-

iana and Texas), as well as the Shreveport Medical Society, the Cotton Belt Railway Surgeons' Association, etc. Volume 1, No. 1, is an attractive issue of handy, octavo size, containing the proceedings and some of the important papers read at the Atlanta meeting of the Southern Medical Association. The journal on its title page is announced to be published under the auspices of the officers of the Southern Medical Association, with business offices at Shreveport, La. The names of the editorial staff nowhere appear. The first issue was a very large one, over 7000 copies having been sent out. The genial editor announces the going of the old and the coming of the new journal in the following words:

> Like the fellow who went to the train to bid a close friend "Good-bye" and who sees one come from the car even more dear than she who has just gotten aboard, we find ourselves today in a positon where we must say "Good-bye" and "Howdy" almost in one breath.

A department devoted to Southern medical news is one of the features of the new publication, news notes appearing from Alabama, Arkansas, Georgia, Louisiana, Mississippi, Tennessee and Texas. We wish the *Journal* and its editor every success, and we hope that as a representative medical journal it may soon see fit to accept only reliable and ethical advertisements of proprietary remedies.

Is Your Membership Renewed for 1909?—The month of March only remains for your county secretary to collect from all members of his county society the annual dues for 1909. If he can not report your name and money by the time of the State meeting, you will be ineligible to registration there, your name will not appear in the annual list of members, and you will miss your JOURNAL for the coming year, beginning May 1, 1909. Your secretary has a multitude of duties. If delinquent, send him a check for $3.00. Do it now, and make his task easier.

Reports of County Secretaries are due April 1st. The Constitution provides that a complete new roster of county society members must be reported to the State Secretary thirty days before the annual meeting, which makes the last day April 10th. Names and dues, of course, will not be refused at any time prior to the annual meeting, but it is important that each county society have its roster as complete as possible for compilation in the State office by April 10th. Names of members will not be enrolled without accompanying dues. A few counties have not yet reported their new officers elected for 1909. Blanks for the annual report, in duplicate, one for the State office and one for the Councilor, have been mailed. Secretaries who for any reason have not obtained these blanks can secure them on application.

ORIGINAL ARTICLES.

THE PATHOLOGY OF OLD AGE: CAN IT E DELAYED?*

BY

JOHN D. COVERT, M. D.,

FORT WORTH, TEXAS.

The pathologic picture of old age varies according o whether the pathologic changes are general or localiz . If general, all the organs and tissues show atrophy, l s of parenchymatous elements and their replacement, a variable amount, with connective tissue. The bloc vessels are thickened, more rigid, having lost their el - ticity, and show increased connective tissue with dege erative changes. If localized, we find changes in t coronary arteries and alterations in the heart musc , with sclerosis of the valves and the resultant lesions. in the brain, atheromatous nodules, obliterative end - teritis and degeneration of brain structure. If the k neys, the vessels are thickened, there is increased co nective tissue, loss of parenchymatous structure wi degenerative changes often to a marked degree.

One is struck with the complexity of the changes th may be present, dependent on the alteration of t vessels. If localized changes predominate over the ge eral changes, we have a picture of a symptom-compl effecting correlated organs, which shows in what ma ner life was terminated. Where changes are gener and not more marked in one part than in another, v have a picture of a complex mechanism, wearing out all parts and finally failing to perform its functions.

The bodily existence must depend upon the provisi of a proper and sufficient amount of nourishment to t organs and tissues, the ability on the part of the tissu to utilize the nourishment supplied, and the elimin tions of the waste products of their metabolism. A d ficiency in quantity or quality causes functional di turbances and, later, alterations in their structure.

One of the most important factors in maintainin normal metabolism is the condition of the blood-vessel As long as the blood pressure is properly balanced, t vessels preserve their elasticity, the ability to dila and contract, and thus to supply each organ with t proper nourishment and remove the waste products its needs demand, so long does normal metabolism the tissues prevail; but if through nervous influenc or alteration in their walls, they are unable to meet t demands of the tissues, then metabolism is altered a we have, first, functional then structural changes r sulting.

Old age may be said to be the result of two gre causes: *First,* the potential or inherited vitality of t tissues of the body. Persons coming from long-live families, other things being equal, have more inherit vitality than those coming from short-lived familie Their tissues are capable of standing the wear and te of existence, are capable of assimilation and performin normal metabolism over a greater period of time. Th a good constitution is of the greatest importance, one is to live to an old age. *Second,* arteriosclerosi i. e., all the degenerative changes in the arteries, oth than those immediately due to syphilis.

*Read before the Section on Pathology of the State Medic Association of Texas, Corpus Christi, May 14, 1908.

We ean thus eonceive of old age as the result of failure of vitality of the tissues due to inability to utilize the nourishment brought to the parts, the quality of the nourishment may be eonsidered normal, exeept as altered because of the gradual decline of organs which prepare it for tissue needs. The blood-vessel changes being secondary to the tissue ehanges, we have gradual alteration of the vessel walls, the result of poor nutrition and irritation of the produets of altered metabolism. Or an old age in which changes in the vessels appear at a time when the potential vitality of the organs and tissues are at par. This disturbance of circulation eauses disturbances in nutrition, alters metabolism and lowers the working capacity of the eliminatory tissues. The cumulative effect of metabolic toxins reacts on the vessel walls, either directly or indirectly, by reason of their altered nutrition. When once established, we have a cirele of progressive, pathologic processes, one part affecting another, it in turn influencing others, so on until the mechanism becomes hopelessly clogged or worn out.

If we can thoroughly understand all the influences that may cause arteriosclerosis and thus produce premature senile changes in the tissues, may we not be able to modify them or remove the causes, thus delay the appearance of old age, with its limitations of powers, its physical and mental decline? If one to ten or more years could be added to man's creative and productive period, the gain to the nation would amount to an amazing figure; then when man reached that period of life when decline is inevitable, it is a possibility that we may alter the process, so that old age will be robbed of its terrors, and that period of life which man dreads will come as a reward to a well-spent and productive existence.

Man's heredity we can hope at the present time only to modify through popular education. When people understand that the vitality of their progeny depends in a great measure not only on themselves, but their ancestors for generations, and will apply the simple rules of selection that any breeder of live stock understands, then, and only then, can we hope to increase the fundamental resistance of the race. On the other hand, we may hope through a proper appreciation of the causes underlying so to educate and treat the people that the hyperplastic degenerative processes of the vessels, which is the anatomic expression of old age, may be delayed or modified.

Arteriosclerosis is a disease insidious in its outset, difficult to distinguish in its incipiency and to say what part of the symptom complex is due to the etiological factors and what part is due to arterial disease itself. Its pathology will vary according to the causative factors underlying the condition.

Scheel has shown by careful measurements of corresponding vessels on 500 cadavers that died from diseases not associated with marked arteriosclerosis that there was a progressive increase in length and diameter of the vessels which was proportionate to the age of the individual. This increase in size and length is in direct proportion to the decrease in the elastic tissue within the vessel walls. Many authorities hold that the primary lesion in arteriosclerosis is a failure in the elastic coat, the hyperplasia of connective tissue and degenerative changes in the intima and media being reparative processes to compensate for the weakness of the wall of that part. If this be true, the efficiency of the vessels depends upon the inherited vitality of their tissues, the nutrition supplied to them, and to a great degree the amount of strain that is put upon them. The amount of tension to which they are subjected will depend upon the volume of blood, the cardiac energy, the vasomotor contraction and the elasticity of the vessel walls. An increase in tension of the vessels means more work on the part of the heart to overcome the increased resistance, which, if persistent, will result in compensatory hypertrophy of the heart or cardiac failure.

The causes that produce increased blood pressure may be classified as toxic, nervous influences, and excessive muscular work. Under toxic causes are those originating outside the body, as alcohol, tobacco and lead. Lead is undoubtedly a cause of arteriosclerosis, and productive of high blood pressure conditions. There is no abundant proof that alcohol and tobacco are direct agents in raising blood pressure, and it is possible that they may act by perverting normal metabolism or through action on the central nervous system.

Imperfect metabolism, I believe, is a most important cause in the production of high blood pressure. The best illustration is that associated with gout and diabetes. The excessive ingestion of food and drink, especially if associated with imperfect elimination, is a most important factor. I am more and more convinced that the absorption of toxins from the intestinal tract, especially from the colon, is productive of great alteration of metabolism, especially in those cases in which the functional activity of the liver is below par. The relief from headache and the improvement in the general condition, as evidenced by a feeling of well-being and clarity of thought as a result of regular colonic washing, is due in part to the removal of these toxins from the body. Nephritis is invariably associated with high blood pressure, which is due to the presence of toxins, the result of altered metabolism and imperfect elimination. As a result of altered metabolism there arise poisons that are capable of acting on the vessels direct or through the vasomotor system, raising blood pressure. The tissues also suffer indirectly from altered nutrition, thus furnishing the two greatest factors determining arteriosclerotic changes.

An etiological factor that is becoming more and more important is nervous strain. This is the best seen as a result of dissipation, mental overwork, intense application and the responsibilities and worries of the modern business world—a condition of affairs often associated with overeating and lack of exercise.

Athletes furnish our best examples of overwork and excessive muscular development and activity.

Besides altered metabolism and the resulting toxins affecting vessel walls, we are coming to realize that infectious diseases are a very important element in the production of sclerotic changes. Of most importance are rheumatism and syphilis, especially associated with sclerotic changes in the valves and aorta, obliterative changes in the medium and smaller arteries. Typhoid, scarlet fever and possibly prolonged malarial intoxication may cause direct lesions in the vessel walls with resulting sclerosis and hyperplastic changes in the intima.

A localized arteriosclerosis does not mean that the individual has reached a senile state, but one may

properly say that the tissue involved has essentially the same pathologic lesion that one will find in a senile condition. If the tissue is one in which the changes in the vessels result in altered metabolism in the individual, then that individual has to all intents and purposes senile changes, which will progress unless the cause can be removed, thus preventing its progress by correcting the altered metabolism. An arteriosclerosis of the radial arteries would not affect the efficiency of the individual. On the other hand, arterio-sclerotic changes in the splanchnic vessels will result in gastro-intestinal changes and hepatic and pancreatic insufficiency. It is generally conceded that arteriosclerosis of the aortic and splanchnic vessels is attended by high blood pressure due to involvement of the vessels that regulate the blood pressure of the body. Arterioscleroses in other locations are not necessarily attended by high blood pressure. Here again the rise in blood pressure may not be so much the involvement of the vessels directly concerned in the regulating of blood pressure as the direct action on the vessel walls, or their nerve supply, by the toxins originating as the result of altered metabolism in the important organs of nutrition which are supplied by these vessels, or the failure of their elimination because of insufficient kidneys.

We must recognize an arteriosclerosis of senile origin, i. e., the inherent potential vitality of the tissues is low. They become exhausted early and sclerotic degenerative changes result from their inability to utilize the nourishment brought to the part and the altered nutritional disturbances resulting because of their altered metabolism will in turn tend to increase the sclerosis already present.

First of importance in the delay or arrest of this condition is the prevention of rheumatism, typhoid, scarlet fever and other infectious diseases, producing toxins affecting vessels and their proper treatment, so that elimination may be as nearly perfect as possible, and the toxins may be diluted and eliminated rapidly and their poisonous effects reduced to a minimum. Prolonged convalescence after infection should be insisted on to allow vessels to recover from the toxic effect before the strain of ordinary everyday duties are placed upon them.

Instruction regarding the harmful effects of overeating and overdrinking, especially when combined with insufficient exercise; proper regulation of diet, attention to the bowels, correction of abnormal putrefaction and fermentation with colonic washing; careful attention to maintain the permeability of the kidneys and skin, especially in persons of gouty ancestry, or in persons in which arterio-sclerotic changes are already present, will do much to prevent its establishment or delay the process.

In the maintenance of good health a proper amount of exercise is essential. We should appreciate its harmful effects when carried to excess. Recognizing its beneficial effects, we should regulate exercise so that it will meet the demands of the individual and not be carried to excess.

The early thorough treatment of syphilis will prevent the visceral changes that in effect are similar to true arteriosclerosis, and are provocative of premature senile changes.

The early recognition of cases due to nervous strain, regulation of diet, exercise, hygiene and complete rest with thorough appreciation on the part of the patient, will do much to alleviate the condition and delay progress.

Remember that the first effect of the senile degen- ation is to produce insufficiency of elimination, i. , the skin, kidneys, lungs and liver become incompete The proper attention to hygiene, diet and exercise a appropriate medication, will correct the functional d rangement or rather assist in elimination, so that toxi will not be retained and thus the progress of the co dition will be delayed. We are familiar with t arteriosclerosis of nephritis. Usually, the termin stages of this condition are directly the result of It but emphasizes the importance of proper eliminati through the kidneys at any stage of the disease, a especialy so in its incipiency, as it is then that we w be able to influence the condition favorably. By thorough appreciation of all the causative factors arteriosclerosis and the early recognition of their acti in any case it is possible to delay its onset and t accompanying senile state.

DISQUISITION ON THE DUTIES OF THE COUNTY HEALTH OFFICER.*

BY

J. M. ANDREWS, M. D.,

WHARTON, TEXAS.

Sanitation and preventive medicine are no longer i the state of experiment. Bacteriologists have dete mined definitely the causes of communicable disease and found the secret of combating them. There is bu one duty for the health officer, and that is the care an protection of the life and health of the public again the danger of these diseases. Within the province o his duty are to be found the following departments o service: The establishments and maintenance of qua antine, isolation, and disinfection: the direction an supervision of sanitation; co-operation with the Stat Dairy and Food Commission; and promotion of vita statistics, the basis of all sanitary work, for the perfe tion of which an organized effort should be made by a the county health officers of the State.

The *appointment* of the health officer is made by th county judge, and the duty of the health officer accord ing to the statutes is to establish, maintain and enfor quarantine when declared by the commissioners cour This is an unfortunate provision in the statutes and i contrary to all modern principles of preventive med cine. The county health officer should have the powe of declaring quarantine and procuring quick actio whenever in his judgment it is necessary. To awai the action of the commissioners court frequently cause too great a delay, allows wider spread of the disease increases the danger to the life of the public, and add to the difficulties of its control. A duty usually re quired by the commissioners court is the professiona care and treatment of the inmates of the county jai and poor farm, and holding autopsies when a corone desires it. Another duty that the law assigns to th county health officer is that all rules and regulations o quarantine shall conform to those outlined by the Stat Health Officer and that the county health officer shal report all contagious diseases of which he may hav

*Read before the Section on State Medicine and Publi Hygiene of the State Medical Association of Texas, Corpu Christi, May 13, 1908.

knowledge to the State Health Officer and obey the latter's instructions concerning the same. A salary is provided only when an epidemic is at hand, virtually placing a premium on the cure of diseases rather than its prevention, and in the majority of cases it is meager remuneration for the great service rendered. The price of life and health can not be reckoned in gold, and its protector should be a man of high character and an active and efficient physician. The public should give him ample means and encouragement in perfecting his work. A spirit of co-operation should exist, also, between the practitioner and the health officer. They should work together in harmony, as their purpose is one. It is the duty of the health officer to demand from physicians reports of all contagious diseases upon which they are attendants, and there is a penalty of twenty-five dollars for their non-compliance. The county health officer has the supervision of the health of the incorporated towns and cities, also, and it is to be hoped the next Legislature will see fit to give him supervision and control of all city health officers and local boards of health of his county as it now gives the same to the State Health Officer. Here, too, the county and the city health officer should co-operate, but when the city health officer fails to carry out his duty it becomes the duty of the county health officer to take action. However, the detail of the duties of the health officer can not be designated in the law and he must be guided by his own knowledge and judgment of what constitutes the protection of the public health.

Personal Preparation.—It is his first duty to thoroughly equip himself for his work. With this end in view he should acquire an accurate knowledge of all State laws, rules and regulations pretaining to public health; should keep posted on the prevalence of pestilential and dangerous communicable diseases; he should acquire a good practical working knowledge of the technic of scientific quarantine, isolation and disinfection, sanitation, pure food inspection, and the value of statistics; also equip himself with a bacteriological laboratory, school himself in the technic of bacteriological tests, and other appliances necessary for effective work; he should keep constantly in touch with the State Health Department and be prompt in making his report of contagious diseases; and last, but not least, he should attend regularly all meetings of his county medical society and the annual meetings of the State Medical Association and State Health Officers meeting and be prepared to give and receive valuable information and experience relating to the duties and work of the county health officer. Let every health officer not only keep abreast of the times in this progressive age, but forge ahead, for there are broad fields open for new advances.

A Leader of Public Opinion.—As the health officer advances, he must take care that the public mind advances with him. No institution was ever made a success without the backing of public sentiment, and the second duty of the health officer is to mould public sentiment. The problem becomes one of education and resolves itself into three phases: *First,* the public must be made to realize the dangers of communicable diseases and the extent of their prevalence,—this can be accomplished by statistics; *second,* they must be instructed in the methods of spread of these diseases, and the hygienic and sanitary precautions necessary to prevent them: *third,* call their attention to laws on public health and demand their support and co-operation in enforcing these laws and carrying out all sanitary measures. Once the public is made to realize the number of lives that communicable diseases are costing them and the fact that this loss can be prevented and life prolonged, they will take immediate action, for there is no normal individual that will not defend his life and the life and health of his loved ones at any cost.

Use of Diagnostic Methods.—One of the most important steps in quarantine duties is an early and accurate diagnosis. Any delay in this matter increases the danger of wider dissemination of the disease, and it is the duty of the health officer to use every means available to prove his diagnosis as early as possible. Every health officer realizes the situation is a delicate one, and hesitates to declare quarantine against a patient unless he is positive in his diagnosis. While it is best to err on the safe side, it is, at the same time, infinitely wiser to be positive you are in the right. And modern scientific methods have made this possible, and it is the duty of every health officer to avail himself of these opportunities. A practical working knowledge of the science of bacteriology and pathology solves the problem. The great service rendered by the laboratory in early diagnosis is inestimable, and every health officer should have access to such a laboratory. The ideal would be reached (and it is not an expensive one), if each county would supply its health officer with a properly equipped laboratory and assistants. Bacteriological diagnosis is not a complicated or difficult one; it merely necessitates a practical knowledge of staining methods, culture methods, methods of blood examination, and familiarity with the use of the microscope, and the physician of today is so instructed. In fact, as a matter of routine work, every county health officer should be so equipped and ready to make microscopical examinations of the blood, sputum, urine and feces for all in his county that may apply. In doubtful cases of tuberculosis, should be able to apply the *tuberculin-ophthalmic reaction;* use the *Widal test* in typhoid fever; make a culture test for the bacilli in cases of angina where diphtheria is suspected; make blood examinations for malarial parasites (especially important in differential diagnosis); practice immunization in cases exposed to diphtheria by giving diphtheria antitoxin, as well as in the treatment after the disease has set in; have compulsory vaccination when it becomes necessary in his judgment, especially in the schools. Again, all school children should be subjected to a rigid eye examination for trachoma, and those infected excluded from school. So invaluable are the services to be derived form the laboratory that a school for instructing health officers in the technic of bacteriological and pathological diagnosis should be instituted in the State Department of Public Health. No modern health department is complete without such an equipment. At present it is the weakest link in our chain, and should be one of the strongest.

Quarantine.—In passing to the subject of actual quarantine, the duties of the county health officer may be considered under two heads, *absolute quarantine* and *modified quarantine.* The term absolute quarantine comprises—absolute prohibition of the entrance of the public into the building under quarantine or exit of the inmates; the prohibition of conveyance to or from the building except by the attendants and officers duly authorized by the health authorities (the former shall provide the necessaries of life under careful restrictions); the placarding of the building, stating the nature of the

disease; and, if necessary, the placing of guards to enforce these regulations. Under this head the following diseases are included: Asiatic cholera, plague, typhus fever, smallpox and yellow fever. On the other hand, the term modified quarantine designates the prohibition of the entrance of the public into the building and only the exit of the inmates under certain restrictions authorized by the health officer. Under this head is included dengue fever, scarlet fever, diphtheria and epidemic cerebro-spinal fever.

In both absolute and modified quarantine isolation of the patient and attendant from the rest of the inmates of the house and disinfection, during the disease and after, is practiced. However, there is another class of communicable diseases that do not require quarantine, either absolute or modified, but require isolation. In this class is included typhoid fever, epidemic dysentery and trachoma. Rigid disinfection should be practiced both before and after in these diseases, also. There is a third class of diseases that require neither quarantine nor isolation, except for school purpose, including measles, rotheln, whooping cough, mumps and chickenpox. Tuberculosis may be considered in a class to itself, as it does not require quarantine but special isolation and special disinfection of the sputum, an occasional disinfection of the house, and proper sanitation and hygiene.

Disinfection.—Coincident with quarantine and isolation of all communicable diseases thorough and rigid disinfection should be practiced. The degree and the extent to which this should be carried out varies with the organism and its mode of dissemination. In Asiatic cholera, plague, typhus fever, smallpox, scarlet fever, diphtheria, epidemic cerebro-spinal fever and typhoid fever thorough and complete disinfection is required of the patient's body, all linen, bedding, articles of clothing, vomits, utensils used by the patients, urine, feces, and sputum throughout the course of the disease; and after the removal of the patient from the room the beds, furniture and entire contents of the room should be thoroughly disinfected with some good gaseous disinfectant as formaldehyd gas or sulphur dioxid, and this supplemented by surface disinfection with some good disinfectant solution, such as a solution of bichlorid or one of the coal-tar products; and then throw the room open to nature's disinfectants—plenty of fresh air and sunshine. Partial disinfection may be practiced in cases of trachoma, tuberculosis and epidemic dysentery—that is, disinfection of the discharges, excretions, clothing and room occupied by the patient. In cases of yellow fever and dengue, since they can only be spread through the mosquito, burning of an insecticide in the room before its occupancy, if possible, and always after the removal of the patient, and in addition the room should be thoroughly screened and the patient placed under a bar during illness.

Sanitation.—The time is not far distant, however, when quarantine will be the least of the health officer's responsibility. A more thorough knowledge of the specific causes of communicable diseases has revolutionized the methods of treating them. Prevention is the watchword of the modern health officer, and this opens the most important field of work in the protection of the public health—sanitation. The purpose of sanitation is to improve hygienic conditions, to eradicate pathogenic bacteria and insects. The subject of sanitation from the standpoint of the duties of the county health officer may be considered under three topics depending on the mode of dissemination of the disease. First, communicable diseases air-borne; second, insect borne, and, third, water-borne.

Air-borne diseases include smallpox, typhus fever, diphtheria, measles, rotheln, relapsing fever, scarlet fever, chickenpox, pneumonia, influenza, whooping cough, cerebro-spinal fever (epidemic), and leprosy. The dissemination of these diseases is principally by the dust particles of the air, and their spread can be prevented by keeping the dust down and the liberal use of some good disinfectant solution with fresh air and sunlight. It becomes the duty of the county health officer to *enforce* and *supervise* all rules and regulations for sanitation of all public buildings, beginning with the county courthouse and jails and including all schools, hospitals, churches, depots, hotels, restaurants, office buildings, opera houses, etc. Also, to see that the streets of towns and cities incorporated and unincorporated are kept clean, that all garbage and refuse is properly disposed of, and to see that spitting ordinances are enforced. Markets for the sale of meats, fish, vegetables, fruit, and other articles of food should be forced to observe all sanitary precautions. Slaughtering houses, places where animals are kept for food as well as dairies should be under the rigid inspection of the county health officer.

Insect-borne diseases include yellow fever, dengue fever, and malarial fever, which are mosquito borne; typhoid fever, smallpox and and cholera, which are carried mechanically by flies; and plague, which is spread by fleas upon rats. The latter is to be guarded against particularly in seaport towns. The duties of health officer necessitates the draining of stagnant pools of water, overturning of rain barrels, screening of cisterns, and the use of insecticides in public buildings, etc.; the breeding places of flies should be destroyed, and the rats exterminated.

Water-borne diseases embrace typhoid fever, cholera, dysentery and infantile diarrhea. In this instance it becomes the duty of the county health officer to examine the water supply throughout the county used for drinking purposes, to see that all sewage is disposed of in a sanitary way, and that the water supply is not contaminated by the sewage. Public water plants should be kept under close inspection by the health officer. Here, again, the laboratory becomes indispensable.

Pure Food.—Another field of work that goes hand in hand with sanitation and should be under the supervision of the health officer is pure food inspection. However, the health officer can render a great service in the protection of public health by co-operating with the State Dairy and Food Commission. It should be the duty of every county health officer to see that every dairyman furnishing milk to the public has his cows subjected to the tuberculin test, and all tuberculous cows removed. The milk, meats, vegetables and all other foods put on the markets for public use should be repeatedly examined and all food unfit for consumption condemned and destroyed.

Appliances and Assistants.—The duties of the county health officer are by no means few or trivial, and for his work to be effective it must be carried out religiously, persistently and thoroughly; and for this reason he should be well equipped with sanitary appliances and assistants. In fact, every health officer should organize boards of health in all the unincorporated towns of his county as is permissible by the present statutes

and instruct them in their duties so as to aid him in his work. The success of his efforts will depend upon application, equipment and organization.

Vital Statistics.—No sanitary work can be properly conducted without a system of vital statistics. Accurate vital statistics are of greatest importance to the health officer, as they furnish the foundation upon which disease prevention is based. An organized effort should be made by the county health officers in encouraging all physicians, surgeons and accoucheurs to make prompt and accurate reports of all births and deaths. It is also the duty of the county health officer to keep in touch with the county Committee on Public Health and Legislation. In fact, he should be a member of this committee and take active part in perfecting and promoting laws relating to public health.

In conclusion, I wish to call the attention of the county health officers to the recent proclamation issued by the Governor of Texas, authorizing the county health officer to establish local quarantine and maintain isolation of all persons afflicted with infectious or contagious diseases; and I trust that every health officer will open his eyes to the exigencies of the times and will be ever faithful in his duty relating to the protection of the public health.

THE STARVATION TREATMENT OF MALIGNANT DISEASE.*

BY

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Since the starvation treatment of malignant growths of the upper neck and face has undoubted value, ranging from prolongation of life to a cure, depending upon the nature of the case, the amount of involvement, the age of the patient, character of operation, etc., I have been lead to say a word upon the subject and report the four cases operated upon during the past four years.

Robert H. M. Dawbarn, of New York, must be credited with the employment of the idea of starvation for malignant growths in the parts described, inasmuch as he has pointed out the numerous anastomoses of the external carotid artery and suggested excision after tying each branch of the artery in an attempt to destroy permanently all such connections. He has further shown how futile is any attempt at starvation when the external carotid of the other side is permitted to remain.

My own experience has been so consistently in line with his that it seems worthless to report cases unless they may serve to call attention to conditions looked upon as hopeless, yet not necessarily so and thereby enlist workers to give that aid which can be given in many cases which are now more or less universally advised to arrange for the future and are encouraged to refuse any and all surgical attention.

Historical.—It might be well here to briefly go into the history of ligation for malignant tumors, and beg you to keep in mind the difference between ligation and excision. In regard to the external carotid, from the tables of Madelung & Lipps, it was tied for a tumor of any sort about 1830, was not applied for outspoken malignancy until about 1854, at which period Maisonneuve endeavored to give the method a fair test. He performed unilateral and bilateral ligature collectively seven or eight times, securing no benefit from the procedure. The growths were all cancers of the buccal cavity, tongue and pharynx. Then follows the case of Launelongue in 1873.

The next record of ligation of the external carotid for starvation purposes was by Dr. Joseph D. Bryant, reported in the *Medical News,* 1887. Then follows a review of all such cases by Tuffier, the French surgeon, in 1897, reporting three cases; all of these were ligations, none attended by a favorable result.

Following this came the masterly essay by Dawbarn, winning the Gross prize in 1902, reporting eighty-three operations of various surgeons upon forty-eight patients, over a period of eight years, all practicing his operation of ligation on both sides of each branch of the external carotid with excision, with a tabulated list of cancers, twenty-four; sarcomas, twenty; no definite report, two; angioma, two. In cases of cancer, life was prolonged for seemingly a short time; tumors usually showing lack of activity for a few months. In the twenty sarcoma cases, the record is truly remarkable, especially when you understand that these cases were all hopelessly involved and rapidly approaching an end. Out of twenty cases, they being ward cases, only eleven can be traced. One of these was a tumor of the orbit, and the operation manifestly could be of no value to the blood supply, coming largely from the internal carotid. He had but two recurrences out of the remaining ten. Taking the three-year limit as a radical cure, he had four definite recoveries out of eight cases which survived the accidents of the first year; these being all far advanced and considered hopeless and ineradical sarcomatous masses.

The cases in which the excision of the external carotid may be performed are grouped in three classes:

First.—Those where both external carotids are excised, and to avoid deformity, an operable tumor is left in place, depending upon a closely and regularly maintained observation of the growth for a period of years.

Second.—Cases where the growth is operable and, consequently, excised.

Third.—Cases where cancer is already ineradicable, involving, for example, the base of the tongue, the floor of the mouth and pharyngeal wall; here nothing is done to the growth but all lymph nodes are removed in the path of operation for excision.

CASE I.—Mr. Jake Holderman, Oakville, Texas, 59 years, born in Illinois; American; stockman.

Family History.—Father died of dysentery, age 60; mother died of old age, age 74. Five brothers and five sisters in the family. So far as patient knows there were no tuberculosis, cancers or venereal diseases in the family.

Previous History.—While working in a mine when 15 years old was overcome by gas. Had pneumonia fifteen days following. When 23 years old, had measles. Coughed for two years following. About four years ago, while herding cattle, stuck a thorn in the outer angle of left orbit. Thorn removed same day. About ten days after a growth appeared at the point of entrance. Eye was not painful, neither was sight impaired during this time. Two months after its appearance, growth was cut off. Three months after it was removed again, size of a pigeon's egg, pinkish in color. Three months later it was removed again, as was done thrice more at intervals of three months. December, 1904, went to see Dr. Cary. Diagnosed carcimona of eyeball. Removal of ball advised. Patient would not allow it. Growth was then excised and base cauterized. From this time, eye was very painful and sight was beginning to weaken. On 29th of March, 1905, eye was removed by Drs. Cary and P. Wilson. Growth has never returned and patient has not suffered since. In November, 1906,

*Read before the Section on Ophthalmology, Otology, Rhinology and Laryngology of the State Medieal Association of Texas, Corpus Christi, May 14, 1908.

was thrown from a horse and lower left jaw struck against some rocks. Lump appeared about size of marble—not painful and slightly pink. Lump began to get smaller, and by January was almost gone. Latter part of February was struck on same side by a limb. Began to grow rapidly. Last part of April was struck again and surface was broken. Discharged bloody fluid. Discharge got worse. June 30th came to Dr. Cary. July 3d Dr. Cary operated, assisted by Dr. Dunlap. Branches of left external carotid ligated and cancerous mass removed on the same side. X-Ray treatment began by Dr. Martin. On July 17th external carotid of opposite side was excised. Patient gave no evidence of shock, rapidly recovering from both operations; wound looked healthy. Patient gained strength, felt much better and generally improved for the first two months, at which time he was being treated by Dr. Martin with the X-Ray. The next month he held his own, but in the two months following that he declined in strength, losing flesh. In this condition he was advised to go home and told that he might expect the worst within a few months. Have not heard up to this time as to whether he died.

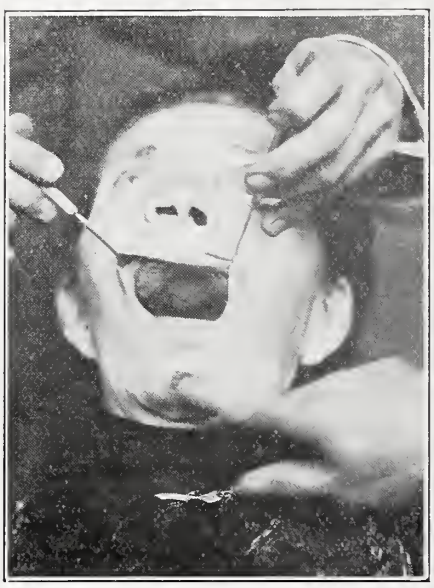
Case II.—James Turner, age 61; American; family history good; farmer; no tuberculosis or venereal history. Claims to have noticed a lump on right side of tongue which has constantly increased in size for the past six months. Had some pain. Operation May 15, 1906, assisted by Drs. Doolittle and Wilson. External carotid on right side ligated and exeised, half of tongue removed and all glands thoroughly dissected. Right hypoglossal nerve sewn to the base of tongue;

Case III.

patient lost a little blood, and slowly recovered from the effects of the operation. Two weeks later the external carotid on the left side was ligated and excised and all glands dissected, and after observation of one month patient was permitted to go to his home in Kiowa, Okla. One year later patient was alive. Since that time, I have never been able to gain any information as to whether patient is alive or dead.

Case III.—Mrs. Downey, age 62; family history good; claims to have noticed a pimple in roof of mouth about the size of a pin head about four years ago. In one year grew the size of a pea, two years the size of a partridge egg, then grew rapidly; began to fill nose two years ago. When I first observed her, both cheeks were unusually swollen and patient was unable to breath through her nose. Her mouth being open, the tumor could be plainly seen, filling the whole roof of mouth about the size of an egg. Claims to have taken a great many bottles of Dr. Pierce's medicine and had been treated by numerous quacks through the mail. She had lost in flesh and strength and it seemed that she would not survive a week. It would have been impossible to have removed any part of the tumor. The growth seemed to have involved the antrum on each side and was now meeting at the septum of the nose. She was unable to take any nourishment and was rapidly growing weak. On April 20, 1907, assisted by Dr. Doolittle, the external carotid was ligated and exeised on the right side. Two weeks later was exeised on the left side. Patient rapidly improved and tumors diminished sufficiently for her to breath through the nares. The gums receded, the egg-shaped tumor in the roof of mouth subsided. The patien in two months acted and felt like a new woman. Pain, whic had been excruciating, disappeared soon after operatior After two months, her gums under the antrum became some what more swollen and finally her nasal breathing becam more difficult. May 8, 1908, she was seen in my office, wher she gave most of this history. Looks fairly well and com plains very little of pain. Says she has recently had a bleed ing spell from nose something similar to the hemorrhages sh had previous to the operation. We were unable to find pulsa tion in any of the arteries which had been excised. Th pictures I now show you were taken on that date. It look as if the old lady would live a long time. (March 3, 1909 nearly two years after operation, she is well nourished an in excellent health.)

Case IV.—October 15, 1907, Mrs. Dyer, age 57, with a well formed tumor lying over the malar process near the antrum on the right side. She gave a history of the tumor having grown for six months. It was extremely painful upon pres sure, and the patient claimed to be in constant pain, evidently due to pressure upon the infraorbital nerve. October 18 oper ated, assisted by Dr. F. A. Baldwin; ligation and excisior of external carotid on right side was performed; also com plete removal of the tumor and anterior walls of the antrum The clinical diagnosis of sareoma was confirmed by the patho logieal examination, made by Dr. F. A. Baldwin, which showed the tumor to be a large spindle cell fibrosareoma. Two weeks later the external carotid of the opposite side was ligated



Case III.

and excised, and the patient made an uneventful recovery. The right side, however, became very much swollen, was opened and drained. Evidently some of the catgut used around the artery had infected the wound. This rapidly subsided, and patient was dismissed for future observation. Recently, May 8th, a letter stated there is no evidence of return; no pain; patient is having a slight discharge from the nose and from the antrum wall of that side. March 3, 1909, there is no evidence of return.

I will now report two cases of sarcoma.

Case V.—One occurred five years ago in my practice, a sareoma involving the antrum on the left side. I have never forgotten this great, big, strong Norwegian, whose life was rapidly destroyed in spite of all that we could do, there being several doctors in the case and the man dying after an illness of only three months. Dr. Blount made an examination of a specimen of the tumor, diagnosis being round-cell sarcoma.

Case VI.—Man, 35 years old, about three and one-half years ago sent to me from Mangum, Okla., with a history of eight years before having sustained a kick from a horse, breaking the nose, changing its relative position, markedly deviating the septum, blocking the fossa of the right side, so that it was impossible to breathe through the passage when suffering with the slightest cold. Two weeks before coming to me he had developed what seemed to have been cellulitis, with marked swelling of the right side of the face, with more or

less discharge from the right nostril. The pain had been so acute that a dentist had extracted all of his teeth, thinking this would relieve him. Dr. Dawson was called in and recognized what appeared to be a polypus in his nose and advised him to come to me. I found an immense polypus growing from the ethmoidal membrane, filling the cavity of the nose, and extending into and filling the post-nasal space. It appeared benign and was promptly removed. A day or two later an Ash operation was done upon the septum. It was straightened, complete drainage established, and a favorable prognosis given. It was not long before I found my mistake, for from all surfaces there rapidly appeared new growths, even in the vault of the pharynx great nodular masses appeared. A section of tissue was sent to Dr. Pierre Wilson for examination, and the whole mass thoroughly curetted, everything left free. Microscopical examination confirmed the belief that it was sarcoma of the large round cell variety. The ethmoid cells now commenced to break down, and the right eye was protruded and pushed to the right side. Pain became intense, and it was necessary to establish drainage through the inner canthus externally to the ethmoidal cavity. Believing the most radical operation of no service, I advised him to return home to die. He went home and next day to St. Louis, where he was operated upon, dying in two or three days. This was one of the most malignant tumors occurring in my practice.

These two cases occurred before I practiced the excision of the external carotid, and I feel sure, in the light of Dawbarn's experience and the experience of the other two sarcomatous cases, we could have prolonged the lives of these two patients.

Upon what logical basis may the attempt to control malignancy by deprivation of blood be said to rest? and why is it so much more successful in sarcoma than in carcinoma?

"To answer the former question, we should reply that cells of whatever nature must be fed abundantly in order to display activity, and the greater the nutrition the greater the activity. Malignant growths seem endowed with a relatively large number of blood-vessels as one of their striking characteristics, otherwise it would be hard to account for their unusually great and prompt shrinkage in bulk after carotid excisions. They seem planned, and were developing until checked, upon a basis of greater blood-supply than the normal tissues receive. Perhaps this relatively better nutrition may largely account for their riotous activity and tremendous display of vigor of growth. Now, when this mass of billions of tiny living cells is suddenly reduced to feeding upon no more blood than the adjacent healthy tissues get, then, because of their aggregate bulk, each individual malignant cell may be supposed to get less nourishment than does each cell of the adjacent healthy flesh. Consequently, we might naturally expect them to be more nearly killed than are the latter. If, too, we assume the hypothesis now held by Dr. Gaylord, and perhaps a majority of pathologists, as true, namely, that it is the presence of protozoa in the flesh which excites the cells, whether epithelial, embryonic connective tissue, or giant cells, into pernicious activity, whether by toxins, toxalbumins or ptomaines, the outcome of such micro-organisms' living nutritive process and death decompositions, or in some as yet unknown way, then we must remember that these protozoa, too, are tiny animal cells, depending upon their daily food for their vigor and their life. It can be understood that when almost starved these micro-organisms will maintain a kind of hibernating existence, just as spores do for years or longer. They are presumably not really killed; and hence if, in months or years to come, some vessel or vessels shall gradually increase a very slight anastomotic connection into a greater one, the protozoa and their riotous dependents, the cells about them, will naturally begin to feel stronger and to wake up to renewed activity. Hence it behooves us to cut off all possible sources of blood-supply, short of killing the normal tissues thereby.

In reply to the second question: If we endeavor to explain upon anatomic-pathological grounds, the apparent difference in results fairly to be claimed in favor of sarcoma as contrasted with cancer, this, upon reflection, seems quite natural and to be expected. In sarcoma the growth depends for its extension chiefly upon vascularity. The lymphatics are commonly not involved; indeed, they often stop at the surface of the tumor, whereas the tunics of the blood-vessels are themselves composed largely of embryonic connective-tissue cells, in sarcoma.

In carcinoma, extension occurs chiefly through the medium of the lymphatics, the blood-vessels usually not being at all diseased. Though shrunken and comparatively inactive from deprivation of blood, yet may the lymphatic current through the growth still continue, in a measure, perhaps chiefly upon or very near in surface where unaffected by atrophic compression. Hence there will remain the risk, even the likelihood, of an occasional extension of the cancer to the nearest chain of lymphatic nodes, and in time still further onward.

It is for this reason we have, both upon theoretical and upon clinical grounds, more hope for the future alleviation by anemia of sarcoma than carcinoma. In justice to the starvation plan of treatment, regarding metastasis, it should be observed that when a patient fully develops elsewhere, as in the brain, lungs, or liver, a secondary form of this disease, which kills him, it was very probably sown by the blood—or lymph—current at a period *before* the carotid excisions were performed. The speed of such development would, of course, depend on whether that seed fell upon fertile or stony ground, so to speak, upon the local conditions. It might possibly only show itself in this new region of the body as a growing mass after months of comparative inactivity. Hence, only with a metastasis occurring—perhaps six months—after the double carotid work, ought we to admit that the shrunken and apparently inactive original tumor might, while in this state, have spread the disease? In such a late "secondary" development it is quite likely that the new tumor really has no filial relationship with the first, but both merely chanced to grow within the same man, who happens to have favorable soil, so to speak."

Technique of Operation.—I will not attempt to here give a comprehensive description of technique, for if you are sufficiently interested it will not be hard to find and it would unduly lengthen this paper. I wish to say, however, that, after eight operations, I am fully convinced it is not as difficult as many other operations we unhesitatingly practice. It is well to keep well in mind the anomalies ever prone to occur. There might be, in other words, a greater delay in a search for an external carotid when instead all superficial branches are given off from the internal carotid. The cut runs from near the level of the tip of the ear downward close behind the angle of the jaw to the level of the middle of larynx, at its beginning and end the incision is over the artery, but the incision is curved rather sharply inward; its convexity lying near the median line. In other words, near the border of the sterno-cleido-mastoid muscle it is a pretty good guide. I then work down to the bifurcation, and in one case would have tied the

internal for the external if I had not followed the precaution of always drawing the ligature loosely at first and feeling the facial to see if it had been put out of action. Then, it is well never to tie permanently any of these vessels until you have them well in hand. With your ligature well around the external you can then bluntly dissect the branches one after another and gradually loop ligatures over the superior thyroid, lingual, facial, occipital, post-auricular, and ascending pharyngeal in turn. The terminal branches are too high for me; at least, I have never gone into the parotid gland.

Things to Avoid.—The deep jugular and deep carotid and pneumogastric are easily located. Less conspicuous are the three nerves, the superior laryngeal, pharyngeal branch of pneumogastric, and at a high point the glossopharyngeal. All these lie deeply. The hypoglossal is easily seen but is in danger of being ligated or torn if surfaces bleed unduly and the operator is careless. It is claimed the veins should be destroyed by ligation, as they are exposed, adding some value to the merits and the permanency of vascular destruction.

In concluding, I have never yet practiced Wyeth's further suggestion that in addition to ligation and excision warmed paraffin should be injected through the terminal branches, destroying all anastomotic channels. I prefer to await a further tabulation of cases, which at least has the merit of not immediately being followed by a tragedy which must be explained when explanations are least appreciated. I have not hesitated to quote from Dawbarn, and have found the literature woefully lacking beyond his interesting essay.

CONGENITAL DISLOCATION OF THE HIP, WITH REPORT OF A CASE.*

BY

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HOUSTON, TEXAS.

It has been clearly demonstrated by Lorenz, Hoffa, Schede, Michulicz, Whitman, Bradford and Lovett and others that a large percentage of the cases of congenital dislocation of the hip can be improved or corrected by the bloodless method. It has also been demonstrated by the same men that in a large number of cases thus operated on an anatomic reduction of the dislocation is not accomplished, but simply a transposition, or, in other words, the case is transformed from an upward and backward dislocation into a forward dislocation, which corrects the lordosis and very much corrects the waddling gait. In a great number of cases it gives a perfect anatomic and physiological result; in a still greater number of cases it affords a permanent functional improvement that relieves the patient of an unsightly disability which the deformity usually entails if left untreated.

If the head lies near the socket, and is secure, all of the characteristic deformities of congenital dislocation are effaced; namely, the shortening, the insecure step, the lordosis, the flexion and the adduction; and is a good functional result. Only complete inward rotation and complete flexion are lacking.

If an anterior transposition is extreme or the femoral head gradually passes upward and is converted into a supracotyloid dislocation, there is shortening, outward rotation and an insecure joint; finally some of the anterior transpositions suffer a complete relapse by the femoral head passing upward and backward into its former position on the dorsum of the ilium.

Many cases may be improved for awhile. The fixed position of abduction and stretching of the muscles temporarily fixing the head nearer the acetabulum.

Age.—Lorenz[1] objects to the bloodless operation before the age of 2 years. He advises that all patients beyond 8 years of age be put to bed with a weight of from 20 to 40 pounds on the limb. Hoffa[2] and Huesner differ with him; they advocate the younger the subject the better the result, and advise rotating the thigh inward and holding it there by plaster applied around the knee and foot in very young children.

Believing that the method of performing the bloodless, or so-called Lorenz operation is familiar to all, I will not attempt to describe it in this article.

Treatment.—That the bloodless treatment is based on correct anatomical and physiologic grounds is proven by experience obtained from the open operation. It is a fact that an acetabulum of fair size is practically always present. This acetabulum, though not of sufficient capacity to retain the head of the femur when the limb is in the normal attitude, will receive and retain it if the limb is fixed in abduction. It has been proven also that by traction and leverage the head of the femur in many instances can be forced into direct contact with the rudimentary acetabulum.

This reposition attained, the limb must be fixed in abduction, and as soon as possible the child must stand and walk in order that the body weight and functional use may deepen the rudimentary acetabulum. During the time of fixation with the limb abducted the distended capsule and other tissues contract about the new joint and the muscles become accustomed to their new function.

Statistics.—The statistics for the Children's Hospital in Boston, by Bradford and Lovett,[3] show that from 1884 to 1896, inclusive, they operated on 21 cases, none of which were successful. From 1896 to 1902 they cured 1 case in 20 by the bloodless operation, and 2 out of 34 by the open operation. In 1902 they were successful in 8 out of 20 cases by the bloodless operation, and operated on two cases by the bloody operation; both were successful. In 1903 they were successful in 22 cases out of 32 by the bloodless operation, and attempted but one by the bloody method, which was not a success. Of 22 cases operated on by Lorenz in America and seen and reported by Ridlon,[4] there were 26 dislocated hips. The end results showed 2 perfect replacements and one apparent replacement, 12 anterior transpositions, 4 supracotyloid displacements, and 7 failures. Ages not given.

Among 2593 hips operated on since 1900 by various operators[5] there were 1084 (or 41.76 per cent) anatomic replacements; 2407 (or 88.96 per cent) of improved functional results; 314 (or 12.10 per cent) of total failures. You will note a discrepancy in these statistics, which were copied from the *Journal of the A. M. A.*

In many instances individual operators have obtained a far better average of results.

Dangers.—The death rate from anesthesia is disproportionately large in cases reported, and in this the violence and roughness of manipulation may be a factor. Lorenz[6] gives 3 deaths from chloroform in 360 patients, which is a twenty times greater death rate than in general surgery. The following conditions are given as

*Read before the Section on Surgery of the State Medical Association of Texas, Corpus Christi, May 12, 1908.

dangers: Paralysis from overstretching, fracture of the neck of the femur, fracture of the shaft, tearing of the capsule, fracture of the ramus of the os pubis, fracture of the ischium, tearing of the perineum, rupture of the femoral artery, gangrene through cutting off of the circulation.

In 450 cases reported by Lorenz[7] the following accidents occurred: Fracture of neck of femur in 2 cases, fracture of the pelvis in 3 cases, peroneal paralysis in 3 cases, crural paralysis in 5 cases, sciatic paralysis in 3 cases.

In my opinion either of the results following in any case is due to careless or too violent manipulations, and such force as Lorenz and his assistants use should be condemned.

While in Vienna in 1903 I saw Professor Lorenz's assistants perform many operations for club-feet and congenitally dislocated hips. I was very much impressed by the extreme force used and the roughness of their manipulations; in more than one instance did I see them within a few minutes of their first attempt split club-feet almost entirely from their member by main force.

The capsule aids very much in carrying the body weight and should not be torn if it can possibly be avoided. The two cases operated on in San Francisco by Professor Lorenz and reported by Sherman[8] were made worse by tearing the capsule and forcing the head of the femur through the tear. An open operation was necessary in each case to replace the head through the tear and into the acetabulum.

The fact that the number of perfect anatomic replacements are few—far below what has been claimed and hoped for—should no more condemn this method than the fact that no true cases of scoliosis are perfectly straightened should condemn the treatment of scoliosis. We do not condemn excisions of the breast for cancer because the percentage of nonrecurrences is small.

It was unfortunate that Professor Lorenz was understood to claim 80 per cent of good results, and more than 50 per cent of perfect anatomic arrangements. Roy Whitman[9] gives 50 per cent good results in unilateral and 25 per cent in bilateral dislocations. I have been unable to deduct from Bradford and Lovett's cases their percentage of good results.

I do not believe this operation should be cast aside in all cases, because it has failed in the hands of some in some cases. We should remember that such operations are so few that we are all amateurs in its manipulations unless we are fortunate enough to be connected with some big hospital.

The bloodless operation is by no means the only operation nor the best operation in certain cases. As our knowledge of the pathology of congenital dislocation increases, we find that in certain cases angular deviation of the neck of the femur, twisting of the upper end of the shaft of the bone, and relative displacements of the lesser trochanter are conditions present which can be diagnosed only by the aid of the X-Ray and only be remedied by an open operation.

REPORT OF A CASE.

You will note in this case I report, the X-Ray photographs of which I now hand you, that I kept the hip under plaster treatment for two and a half years. This child, a female, was born with her right hip out of place. The mother visited orthopedic men in St. Louis, Atlanta, New Orleans and Dallas before consulting me. Good surgeons in each city advised against the bloodless operation. They insisted that it was too dangerous and would not be effectual. The parents absolutely refused an open operation at all. When I was consulted the parents were so frightened about the dangers of the bloodless reduction they limited me to such strict assurances that I would do no harm that I was almost afraid to manipulate at all. It was the fourth attempt, which included ten months of time, before I was sure that I reduced the dislocation.

The accompanying photographs* will show the position of the limb at each changing of the cast before it was removed. I did not expose the hip to the X-Ray until I had it up in

Plate No. 7—Position in Last Cast.

the fixed and abducted position six months, so photograph No. 1 was taken six months after beginning treatment. You will see in pictures Nos. 1 and 2 the head and neck of the femur do not show, but the trochanteric projection shows a little above the acetabulum, and this being true after nine months' treatment, the head and neck must be very high up and backward if present. Also note the development of the head, neck and acetabulum from picture to picture, each picture being taken three months apart, and finally a perfect acetabulum, head, neck and femur, except the entire femur

Plate No. 8—Condition on Final Removal of Cast.

a little small. I wish to thank Dr. R. W. Knox, our able chairman of this section, for the excellent X-Ray work done on this case, for at that time I had no X-Ray in my office.

In conclusion, I have to say that I believe the percentage of anatomic and physiologic corrections of congenitally dislocated hip joints can be greatly increased

*The excellent series of eight X-Ray photographs were so injured by the fire in the building occupied by this Journal that only two could be presented.—Ed.

if we will consider the age of the child (from 2 to 6), make X-Ray examinations and always make a satisfactory shadowgraph of each case before deciding upon treatment to be adopted, and be more patient and careful in our manipulations. Instead of using too much violence and insisting on an absolute reduction at our first or even second attempt, make gentle manipulations, accepting some stretching of the soft tissues, fix the limb in that flexed and abducted position for two or three months and then make another attempt. Finally, judging from the study of cases reported as recurrences, I am convinced that the recurrence is due to permitting the limb to go free too early, before the femoral head has sufficiently developed and hardened, and before the acetabulum has widened and deepened sufficiently to receive the head, and before the soft tissues have become strengthened enough in their newly contracted state to hold against the weight of the body and the function of the limb.

[1]Journal of the A. M. A., December 20, 1902.
[2]Journal of the A. M. A., December 20, 1902.
[3]Keen's Surgery, Vol. II, page 538.
[4]Ridlon, Journal of the A. M. A., April 16 and 23, 1904.
[5]Journal of the A. M. A., December 15, 1906.
[6]Journal of the A. M. A., December 20, 1902.
[7]Whitman Orthopedic Surgery, page 523.
[8]Sherman, Journal of the A. M. A., Feb. 27, 1904.
[9]Whitman Orthopedic Surgery, page 523.

REPORT OF A CASE OF FIBRO-SARCOMA OF THE BRAIN.*

BY

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The present paper is concerned with the report of a case such as is very seldom encountered by general practitioners. I have no idea how many similar cases have been recorded. Records extant are not necessarily an index to the frequency of occurrence of this type of malady, for the good reason that many cases go to the grave as unsolved diagnostic problems. It is quite the exception in country practice that cases of any character come to autopsy. Either the physician is not inclined to this class of work; appreciates his unfitness, or else the relatives or friends are horror-stricken at the mere suggestion. Our average rural citizen considers autopsy work as little less than desecration of the dead. This is a fertile field for missionary work. We should heed this attitude on part of our benighted patrons and strive to overcome their prejudice. Convince them that we are not selfish, but, on the other hand, that we are philanthropists by nature, serving their interests unselfishly.

In the case here reported the attending physician was requested by the patient to have his head opened after death, that the true nature of his malady might become known. For the data constituting the following clinical history I am indebted to Dr. R. N. Leach, of Big Hill, Texas, who was the regular medical attendant upon the patient, a male, aged 45 years, farmer by occupation. His father died at an advanced age of dementia paralytica. His mother is still living, a victim of a confirmed case of rheumatoid anthritis. He has four brothers and one sister, all living. In each of them the nervous element is prominent. The patient strenuously denied ever having had any venereal disease; however, his social habits were questionable, according to his own admission. In build he was slender yet possessed of unusual physical strength. It is told that upon one occasion he conveyed on his shoulder a weight of 600 pounds. By disposition he was nervous and restless. He was a tireless, strenuous manual worker. He was prostrated by heat some ten years prior to the onset of his symptoms. On May 29, 1907, the patient suffered from an acute disorder characterized by severe pain in the hepatic region and a high fever. Brisk anti-malarial treatment relieved the symptoms promptly. July 12th following, his regular physician was again called in and found the patient complaining bitterly of headache, which at that time had persisted for nearly a week. The patient stated that he had never before had headache. At this time he was decidedly cyanotic; pulse approximately 60; normal temperature; pain limited to the frontal region. Administration of repeated mercurial purges brought about an amelioration of symptoms. Following this the patient was able to be up but still felt his headache, which was aggravated upon the slightest exertion. Tapping on the cranium did not give rise to increased pain or elicit points of tenderness. About August 15th he visited Marlin, where he took electrical treatment and hot baths. This experience resulted in great aggravation of all his symptoms. He returned home suffering excruciating frontal headache; he was extremely cyanotic, almost black; his superficial facial and cranial veins were greatly distended; his pulse was about 50, and respirations 10, of the Cheyne-Stokes type. He now began to manifest some stupor. He remained in practically this state the next two weeks, the headache undergoing daily remission. Again the calomel purges, repeated at intervals of three days, brought the pain under control. The patient now had a respite for a few weeks, during which he was almost free of pain. After a buggy ride his full train of symptoms returned in all their former intensity, accompanied by vomiting, of a cerebral type. Free purgation no longer relieved the pain, except to a slight degree. Stupor and other evidence of disturbed mentality were now beginning to appear. The patient would do many things of which he would afterward have no recollection.

His mental confusion grew worse rapidly. About January 1, 1908, he stated that an object observed with his left eye appeared double, but with the right eye was normal. Pupillary reflexes were normal to light and pupils symmetrical. Ophthalmoscopic examinations were not made. Knee jerks were normal; other reflexes were not investigated. Bowels were obstinately constipated; function of the bladder unimpaired. The first suggestion of focalization was noticed about January 20th, manifested as paresis of the left arm and leg. The bladder was now involved, there being incontinence of urine and constipated bowels. He now complained of pain in the occipital as well as in the frontal region. Equilibrium was disturbed, and deglutition became increasingly difficult. He continued to recognize familiar faces up to within two or three days of his death on February 13, 1908.

A post-mortem was held at 2 a. m., February 14th, ten hours after death, and the following condition found: Imbedded in the right frontal lobe was a neoplastic growth about the size and shape of a pigeon's egg. It was firm to the touch and could be readily and definitely outlined. It was entirely covered by cere-

*Read before the Section on Pathology of the State Medical Association of Texas, Corpus Christi, May 14, 1908.

bral tissue. Immediately overlying the growth the dura was adherent. The tumor occupied the outer and mesial region of the lobe, corresponding to the neighborhood of the superior frontal gyrus. The growth was surrounded by a wide zone of necrotic tissue, which had the appearance of being either suppurative inflammatory exudate or a destructive malignant process. Permission to remove the brain intact was refused, and we had to be content with a section of the frontal lobe, in which the neoplasm was imbedded. The entire medullary center of the right cerebral hemisphere appeared to be destroyed.

A small section of the original growth and the surrounding mass of involved tissue was submitted to Dr. James J. Terrill, of Galveston, for microscopical examination. I wish here to express my appreciation to Dr. Terrill for his courteous co-operation. The microscopical report is as follows:

PATHOLOGIC REPORT.

The section from the main part of the tumor shows running through it strands or bands of adult fibrous tissue, the cells of which are large, with a fair amount of protoplasm and large spindle-shaped nuclei. The intercellular substance here is well formed, although loosely arranged. Between these strands of fibrous tissue are to be found cells which are large, irregularly rounded, with a fair amount of granular protoplasm (cytoplasm) sometimes taking the acid stains intensely and showing frayed edges. Some of these cells have been pressed into an oval shape. The nuclei are comparatively large and prominent, with considerable chromatin and here and there showing irregular mitoses. There is a scant granular intercellular substance. Small areas of degeneration appear, in which there is granular material with some leucocytes, both small lymphocytes and polymorpho-nuclears. The blood-vessels for the most part are represented by mere endothelial channels, but occasionally there is to be seen a vessel with a fairly thick wall. In the looser part of the tissue sent we find less fibrous tissue and more of the rounded cells and more blood channels. Some of this looser tissue has undergone considerable degeneration.

Diagnosis: Fibro-sarcoma of the brain.

No. 774. March 16, 1908.

JAMES J. TERRILL.

TREPONEMA PALLIDUM.*

BY

M. A. WOOD, M. D.,

GALVESTON, TEXAS.

Since the discovery of the *Treponema pallidum,* or *Spirochætæ pallida* in syphilitic lesions by Schaudinn and Hoffman in March, 1905, many confirmatory reports have been published. At the present date, very few observers doubt that they may be found in all cases of primary, secondary, and congenital syphilis, provided the patient has not been treated by drugs, the specimen has been prepared properly, and the observer is reasonably skilled in the use of the microscope. According to the best authorities, no case of non-syphilitic nature has shown the true *Treponema pallidum.*

Cases have been reported where the *Treponema* were found in chancres, mucous patches, slowly produced blisters, secondary eruptions, the blood, condylomata, syphilitic glands, all the organs of congenital syphilitics, syphilitic bullæ of congenital cases, the placenta, and, in a few instances, in tertiary lesions. Chancres and mucous patches show them most frequently and in greater numbers than do the other lesions.

*Read before the Section on Pathology, State Medical Association of Texas, Corpus Christi, May 14, 1908.

Schultz, *Journal of Cutaneous Diseases,* October, 1907, thinks there is a relationship between the type and severity of the disease on one hand and the number of *Spirochætæ* present on the other. He illustrates this by the findings in three cases of congenital syphilis.

CASE 1.—The child died on the fourth day after birth. The lesions in the internal organs were of an acute type, with only a slight grade of connective tissue proliferation. *Spirochaetae* were *astonishingly numerous.* In this case, the mother developed secondary manifestations after the birth of the child. The infection of the child was so severe that death resulted before advanced changes had taken place.

CASE 2.—The child was born dead in the seventh month of pregnancy. The lungs, liver, spleen and bones showed advanced lesions, and in one lung there was a gumma. *Spirochaetae* were *fairly numerous.* The mother showed the copper colored remains of an old rash.

CASE 3.—The child began to show evidences of illness a few days after birth, but lived for four weeks. The internal organs showed the characteristic changes, which were not very extensive, and of a chronic type. *Spirochaetae* were present in *very small numbers.* No facts relative to the infection of the mother were obtained.

Metchnikoff and Roux have been able to obtain the *Spirochætæ pallida* from monkeys inoculated with syphilis; and also from monkeys inoculated with syphilitic virus from the lesions of the first set of monkeys.

I have examined for Drs. Moore and Kennedy smears from twenty-six cases of syphilis with a positive result in over 61 per cent. Our findings were positive for *Spirochætæ pallida* as follows: Seven chancres, one mucous patch, six ulcerated mucous patches, one blister fluid, and one tertiary ulcer of the mouth. Our negative cases were one chancre, one ulcerated mucous patch, two caries of nasal septum, three skin pustules, and two blister fluids from roseolic skin eruptions. Of our six control cases, there were three chancroids, one geographical ulcer of the tongue, and two body sores, non-specific. In a few of these *Spirochætæ refringens* were found, but no *Spirochætæ pallida.*

With the use of Simon's Victoria Blue method of staining, and with our past experience in preparing and examining specimens, I feel sure that our percentage of positive cases will be much higher in the future.

In the case of chancre with negative findings, the chancre was ulcerated superficially and the patient had treated it locally with calomel for about one month. In connection with this case, I would refer you to Metchnikoff and Roux's experiments with calomel ointment as reviewed in the *British Medical Journal,* May 19, 1906. In their experiments, they succeeded in preventing the development of syphilis in a student whom they had inoculated with syphilitic virus, by giving him an eight minutes' inunction of calomel ointment, one to three, at the site of inoculation. One hour after having inoculated him, four macaques were inoculated at the same time with the same virus. One was given an inunction in the same manner as the student, and no symptoms developed. One macaque was given the inunction twenty hours after inoculation, and a chancre developed on the thirty-second day. The two controls developed chancres in seventeen days after inoculation.

Some observers look upon the *Spirochætæ* as only a phase in the life history of a protozoon. Alexander McClennan, *British Medical Journal,* May 12, 1906, describes small bodies not unlike the Leishman Donovan bodies of Kala-azar, which he thinks may be intermediate stages in the life of the *Spirochætæ.* He

claims to have observed all the stages between these bodies and the *Spirochætæ*.

Although we have never been able to find bodies answering his description, yet we have seen *Spirochætæ* with heads or rings on one end, and sometimes with one or more ring-like enlargements in the body.

The *Treponema pallidum* is described as a delicate organism varying in length from four to ten microns, with from six to twenty-four small spiral bends, reminding one of the edge of a saw. Both ends are pointed. In wet preparations, it has a rotary motion forward and backward, and may bend in the middle. It stains poorly or not at all with most dyes. The *Spirochæta refringens* with which it is likely to be confused is thicker, flatter, and larger. The curves are fewer and broader, and it stains readily with most dyes.

All agree that the deeper layers of the lesions are where the organisms are most numerous. Hence to obtain the specimens, the superficial layers are curetted off, and a thin smear is made from the serum which oozes out, preferably from the edge of the lesion. If there is no ulceration, the edge of the lesion may be incised, and some of the serum from the bottom of the incision used. In the case of blisters, the blister should be slowly produced by cantharides plaster, rather than rapidly with ammonia. Syphilitic buboes may be punctured with a hypodermic, and a portion of the gland tissue or juice drawn into the syringe, and smears made from this. The *Treponema* have been found in the blood by milking 1 c.c. of blood from the lobe of the ear, mixing this with 10 c.c. of a third of one per cent acetic acid, and sedimenting in the centrifuge. From the sediment, smears are made. This method has been successful in a few instances in the virulent stages of the malady.

Where the *Treponema* can not be demonstrated in smears, some advise excising a portion or all of the lesion, making sections from this, and staining them either by Levaditi's silver-staining method or with Giemsa's stain. In such cases, the tissues should be put in the fixative not later than six hours after being obtained. Ten per cent formalin is the best fixative for Levaditi's method, alcohol for Giemsa's.

The unstained *Spirochætæ* have been studied by suspending some of the suspected material in sterile bouillon, or physiological salt solution, and using artificial light.

The stains most frequently used for *Spirochætæ pallida* are Giemsa's, Goldhorn's, any of the modifications of the Romanoffsky malarial stain, and, recently, Simon has advocated the use of Victoria Blue dissolved in 10 per cent alcohol. The specimen is fixed by heat or preferably with methyl alcohol, and is steamed for two minutes in the Victoria Blue solution. We have used Wright's stain with most of our specimens, Goldhorn's with a few. Our best results have been obtained by this Victoria Blue method.

For methods of staining, I would refer you to Fanoni, *New York Medical Journal* and *Philadelphia Medical Journal,* November 4, 1905; Alvarez, *Journal of the A. M. A.*, June 2, 1906; Simon's Clinical Diagnosis, 1907; and Levaditi's Method, *British Medical Journal,* March 3, 1906.

Bequest to Aid Study of Tuberculosis.—By the will of the late Dr. Charles Denison, Denver, Colorado, $10,000 is bequeathed for the furtherance of the study of tuberculosis. The will stipulates that a prize of $1000 shall be given biennially for the best essay presented.—*Journal of the A. M. A.*

PSYCHONEUROSES.*

BY

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MARSHALL, TEXAS.

The subject of nervous diseases, in its broadest sense, is of the utmost importance to the general practitioner and is, perhaps, neglected by him more than any one other subject approaching the same degree of practical application to his everyday work. Practically, it is a part of, or in some way influences a large and constantly growing percentage of, syndromata with which he has to contend. It is rather remarkable, for this reason, that no more is written on the subject than seems to be at the present time, and that no greater effort has been made to devise a simple, practical, ready systemization of the various subjects generally included, or proper to be included, under this term. It is, perhaps, because of the difficulties to be met with in seeking information along these lines that less attention is paid to the subject than should be. I am sure some such work as this would have proven of inestimable advantage to me in presenting in this paper the idea I have sought to present, and would have saved me no little apprehension as to the possibility of exposing to this section my ignorance of the subject.

It is my purpose here to call attention to a condition often met with in general practice, the early recognition and treatment of which is essential to the welfare of patients presenting same, to say nothing of their relatives and even their communities.

The psychoneuroses are more often referred to than defined in the literature I have been able to get on the subject, and it may be that I have not named the condition exactly, but I shall attempt to make myself plain of this subject by my own definitions, or explanations, as the case may be. Broadly, it is said that the term is applied to psychical disturbances occurring with, and more or less dependent upon, physical disorders. It might be well to restrict this definition a bit, and establish the physical disorders as neuroses. The etiology of the word would seem to indicate this as the original intention. Aside from the ordinary meaning of the word chosen as the subject of this discussion, and the classification of nervous diseases in which it may find its place, let me establish myself briefly in this way:

In the human economy, each of the various organs performs some essential, definite function. The proper performance of its own function by any given organ is in turn dependent in some degree upon the proper performance of its function by some one or more of the other organs. The proper timing, or co-ordinating of the work of the various organs, is sought to be accomplished by the function of the lower nerve centers, and through the medium of the entire nervous system. This is the physical part of the control of the human being, under the control of the lower centers, through the very complex system of nerves supplied for that purpose.

Now, there is another and very different part of the control of the human economy called the mind. It has its physical basis in the higher centers of the cerebral cortex. Its function is to interpret impulses brought in by the nervous system, through the process of thinking, and by the act of associating previous experiences reason out a line of action for the individual. The

*Read before the Section of Psychology of the State Medical Association of Texas, Corpus Christi, May 13, 1908.

application of this process involves perception, through the special senses, conception through the process of thinking, and establishes a line of action through the process of reasoning. It then remains for the will to cause the individual to act, and he always acts in accordance with the operation of this system.

It can, then, be readily understood that the normal individual is always in accord with his habit of action through this system, and any derangement of any part of it will influence his action in proportion to the extent and duration of the derangement. His abnormality can not be measured except his exact normal status is known. No one knows so readily of the appearance of any abnormality in this process as the patient, and no one is less likely to mention it, as a rule. The first departure is nearly always, the exception being in the inherited type, an actual and physical one, but the constant effort of the system to regulate matters tends to wear out or deplete the means used, and thus the neurosis is established.

The establishment of the neurosis breaks the circuit in some more or less important particular, and the mind makes an effort to compensate in some manner for the loss of function. The same process of depletion then takes place in some degree in the higher centers of the brain, and a psychosis obtains. It must here be borne in mind that the brain always shares the depletion of nerve tissue, and reacts accordingly. We thus have a perception that is abnormal in some particular, and calculated in itself to cause a misinterpretation in the process of thinking and reasoning; a brain which is abnormal in regard to the activity of its higher centers, perhaps, and inclined to misinterpret reports brought in by the lower centers, and a whole necessarily incapable in some degree of resultant normal action. In their incipient or minor forms, these abnormalities are what I mean by psychoneuroses, and are the conditions I am discussing.

In the production of the psychoneuroses, then, I may say that there are two general conditions which may be designated as exaustion neuroses or neurasthenias, and the exaustion psychoses or psychasthenias. The latter term may be considered as embracing in a large degree conditions classed under the other, and is in fact largely dependent on them for its own existence, and that is why I like the division. It is the intermediate ground, as it were, which seems to me to constitute the psychoneuroses. There is always a close relationship between mental and nervous diseases, and they combine in proportion to the severity of the nervous and the instability, poise, or unsoundness of the mind, whether inherited or acquired. The term psychasthenia has been urged as a suitable term to apply to all faulty ideation, and from the standpoint of my conception of the matter it would seem especially applicable, embracing in its own makeup all of the causes of faulty ideation, except, possibly, the classical insanities.

The psychoneuroses, then, may be said to embraee all of the interdependent mind and nerve disorders, in their incipient or minor stages, caused by the exhaustion neuroses and psychoses, and include neurasthenia, psychasthenia, hypochondria, incipient melancholia and paranoia, the exhaustions from toxic psychoses and acute febrile diseases and sexual abuses and perversions. Many authors class these conditions as psychoneuroses even after they have progressed to the well-defined border land of the actual insanities, but I would prefer to limit the term as outlined.

The special importance of the necessity of recognizing and treating these cases early in their activity lies in the fact that patients suffering from such abnormalities are at the time otherwise perfectly well-balanced, and are not subject to restraint, though their condition is well known. Such patients are peculiarly liable to hide their abnormality because of shame, even from their physician, and are liable, therefore, to go on unimpeded to the development of obsessions of crime, suicide, and into the actual insanities.

The overwrought men of business who have suffered financial reverses, especially in conditions of ill health, victims of chronic diseases entailing some degree of suffering more or less constant, the alcoholics and many other sufferers from wasting excesses of various sorts are more than apt to suffer these abnormalities. Such causes should always be sought for carefully. Many suicides and much more crime might be prevented thereby, and insanity curtailed in no small degree. It should be borne in mind that the same degree of excesses in any of these lines is not necessary in all cases to the production of the trouble. Some systems yield more readily to business worries than others. Alcohol and the drug habit assail with varied degree the special senses of different people, and deplete accordingly. There is frequently a complication of causes conspiring to produce the same condition which might be expected to arise only from a much greater excess in the one known line.

It is said that the great composer Beethoven was driven to his death by a single tone in the midst of total deafness, a psychoneurosis developed by his sensitive disposition and the peculiar force of his affliction. It has been suggested that the whispering of angels in the ears of Joan of Arc were perhaps catarrhal contractions of the ear-drum, and her historic career consequently that of a psychoneurotic. We can, perhaps, recall peculiar cases in our own experience accountable for in the same way, demonstrating the obscure yet important bearing of this peculiar condition in our complex social economy.

The treatment, to be brief, lies in the removal as speedily and as thoroughly as possible of all possible causes, and the alleviation of all underlying diseased conditions. Aside from the necessary therapeutic and hygienic measures to be employed in removal of disease, the most important treatment is that of persuasion and suggestion. The patient must be persuaded that the condition is a simple one, well understood by the physician, and that it will yield to treatment in time. Suggestion comes into play as the treatment progresses, and must be judicially applied not to jeopardize the confidence of the patient in the physician by too rapid application.

The counter-effect of persuasion and suggestion from other sources must be carefully avoided, especially that embodied in the frequent detailed accounts of suicides and murders appearing in the public press. These accounts are peculiarly liable to induce obsessions of like nature in patients of the type under consideration.

DISCUSSION.

Dr. G. H. Moody, San Antonio, said he was pleased with the paper, which had been well prepared. Had been impressed for some time with a point that Dr. Taylor brought out only in a casual way, namely, the prognosis, which is very important. For instance, in making a favorable prognosis, it is important not to promise more at first than that the patient will reach his former standard of mental and

nervous health, remembering that his standard normally may be far below that of other individuals. There have been so many classifications of insanity that we are likely to be bewildered, unless we adopt some certain classification. The best classification of the psychoneuroses is that of Kraft-Ebing, who limits these psychoneuroses to such conditions as acute mania and melancholia, which, according to old classifications, are classified as functional psychoses. We have other forms due to organic changes, and still others dependent upon various grades of deficient development. Unless we follow some classification we will be unable to make an intelligent diagnosis or prognosis.

Dr. Taylor, closing, said it seemed from the discussion that his paper had not given to his hearers a very clear idea as to his conception of the psychoneuroses. Said he wanted to keep separate and distinct from each other the two conditions, psychoses and neuroses, and in no sense to confound them. Neuroses may exist without psychoses, and psychoses, except in so far as the central nervous system is itself directly concerned, can exist without neuroses. The psychoneuroses may be said to make a sort of connection between the two, the brain centers in such cases being unable to interpret the irrational impulses sent in by the diseased nervous system, which failure is at first recognized and no harm done, but which eventually results in irrational conceptions. And it is here that the import-bearing of such cases lies; the irrational conception is at first recognized in a way by the patient, and an effort made to hide it from others. When the actions of the patient become irrational as a result of the process, he passes into other subdivisions of the general classification of mental and nervous disorders, not, according to my conception of the process, properly or entirely classified as psychoneuroses.

As said already, the important practical point is the liability of such patients to hide their abnormality, even from the physician while seeking his aid, and it is incumbent upon such physician to promptly recognize the true condition of his patient and prescribe the proper treatment. By so doing many cases of suicide and insanity, and much crime, may be prevented, into which conditions such patients naturally and easily progress.

ECONOMIC PROBLEMS IN THE MAL-DEVELOPMENT OF THE UPPER AIR TRACT—MAXILLAE, TEETH, PALATE, NOSE, PHARYNX AND FACE.*

BY

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Of all the ills to which flesh is heir, none are more universal, more varied in their bad effects, or more often neglected than the disorders of the upper air tract, including the maxillæ, teeth, palate, nose, pharynx and face. Hence I call your attention to these conditions; endeavor to point out their ultimate causes; suggest, if possible, an effective method of therapeusis (especially from a prophylactic standpoint); and finally indicate briefly their great economic import, and their direct bearing on the physiognomy and physique, as well as on the mentality and character of the individual and race. This is, of course, a broad and comprehensive title; and, in great part, a mere glance at things is all that will be attempted.

Primarily I wish to suggest to the general men present a line of discussion which, if followed, will assuredly be of value along many lines. It is this: What has been my actual experience as to the effect of naso-pharyngeal obstruction on my own patients? Have not my cases of whooping cough, la grippe, scarlet fever, diphtheria, pneumonia and the like occurred more often and been more fatal in mouth-breathers, and sufferers with so-called "catarrh"? What has been my observation as to the facial expression, physique, mentality and character of these individuals? What do I think of la grippe and its economic future? How many patients do I see with malformation of palatine arch and teeth? Do I pay sufficient attention to caries, mal-occlusion, and deficient mastication? How many cases might I mention in which a germ-reeking naso-pharynx must be held to account for loss of smell, impaired hearing, running ears, and even death from intracranial complications?

Apropos, in a paper by E. A. Bogue, of New York, occurs the following: "The Italian criminalogists, Lombroso and Ferri, find that the adult criminal is far more crooked in body than the honest man. Victor Hugo in 'Les Miserables' has depicted the same idea. The inhabitants of any modern city exhibit defective countenances, not at all like the beautiful faces of ancient Greece. Most of these defective countenances reveal their greatest defects between the eyes and the chin; and these defects involve the dental arches. If they involve the dental arches, they are pretty sure to involve the nasal passages and bones immediately above. On the proper formation of the palatine arch and the various sinuses depend the resonance and carrying qualities of the voice; and on the accurate formation of the dental arches and the correct occlusion of the teeth depend the power of clear and distinct enunciation and the power of thorough mastication, which means insalivation. This is the first step in the digestive process so important to the health and strength of the individual. It has only recently become known that impending defects of the kinds here mentioned may be discovered in early childhood; and may be remedied while the bones are in a formative state, and the teeth are in process of development."

These and a great variety of other subjects suggested by the title will serve to indicate its universal bearing and its economic scope. I shall now take up somewhat in detail some of its more technical features.

By far the most frequently acting cause of deformities of the upper air tract is nasal obstruction; and the most common cause of nasal obstruction is adenoid hypertrophy in the naso-pharynx. Mouth-breathing, too highly-arched hard palate, and deviated nasal septum are direct results. Abnormal and forced opening of the mouth in order to breathe, with resultant muscular inbalance about the jaws are absolutely and entirely responsible for the facial deformities seen in the typical and atypical adenoid faces. The alveolar arch of the superior maxilla is narrowed; i. e., the teeth are too closely approximated toward the midline; the median portion of the hard palate ("roof of the mouth") is too high; and hence the teeth are crowded, the incisors and bicuspids overlapping to a greater or less degree; and, in pronounced cases, even the molars are irregularly placed and deformed. It is indeed singular that text-books go so far out of the way to account for these conditions. For example, deviated nasal septa directly accrue because the hard palate pushes up and bends them—nothing more simple; and yet we are continually hearing of the causative moment of unremembered traumata, bending of the cartilage in utero, injury during descent of the birth canal, congenital deviations, results of the septic rhinitis of childhood, so-called "catarrhal" influences, etc., etc. Such far-fetched ideas can be practically discarded. Indeed, it has now become an almost universally accepted fact that asymmetrical nasal cavities (deviated septa) need cause

*Presented to the Section on Ophthalmology, Otology, Rhinology and Laryngology of the State Medical Association of Texas, Corpus Christi, May 14, 1908.

no anxiety nor comment, since they cause few symptoms and bring about few bad results; in other words, the natural nose is normally abnormal.

No asymmetrical nose is a normal nose; neither did nature ever intend that air should enter one side any more easily than it enters the other. But the specialist has so long failed in his duty along these lines, and the general man has so long neglected the upper respiratory tract, that far too much laxity of views exists at present in both the minds of the laity and the profession. I have used nearly this same language on many previous occasions, invariably relegating to the background the racial, hereditary, diathetic, traumatic and "previous disease" septa, and always without exception stressing one *sine qua non:* obstruction to nasal breathing in early childhood by adenoids and tonsils. This sequence obtains: adenoids close up the posterior nares, mouth-breathing ensues, the nasal fossæ from disuse fail to develop, the hard palate arches up to take the place of nature's abhorrent vacuum, the external nose and upper lips cease to grow, and the upper incisors enlarge and protrude, because the maxilla grows too much and assumes a more acute antero-superior angle. (Of course, the lateral aspects of the maxilla of each side enter also into this deformity.)

Hence the septum, being wedged in between two firm, bony supports, bends more and more to one side or the other as the palate becomes more and more arched. Ere long it comes in contact somewhere with one of the turbinate bones; and there is started a long train of symptoms ordinarily known as "catarrh." Indissolubly connected with this condition of affairs are chronic sinusitis and asthmatic manifestations. Each of these cases is, naturally, more or less a law unto itself; but in order to bring about a cure of the so-called "catarrh," some method of straightening the septum must be adopted; and the one best suited to all cases is the submucous resection method. This is especially true of complicated cases and of those involving the bony framework. The greatest advantage of this operation is that no functional part of the nose is destroyed, which is not the case where the turbinate bones are removed to give space for nasal breathing. Furthermore, in the greater number of instances, the turbinates return to normal or nearly normal size where the septum can be straightened without removing them.

In the November, 1907, *Laryngoscope,* H. P. Mosher has gone very deeply into this subject. He says: "A large number of deviations of the septum are caused by asymmetry in the development of the bones which make the hard palate. This inequality of development is usually due to delayed or irregular eruption of the incisor teeth, especially of the middle incisor. Delayed eruption of the teeth is caused in great measure by some disturbance of nutrition. When the eruption of one central incisor is sufficiently delayed, it causes a deformity or hypertrophy of the premaxillary wing above it. This distorts the retaining groove made by the premaxillary wings. As a result, the septum slips from its bed in the vomer, and the groove made by the two leaves of the vomer spreads open. This produces a spur along the upper edge of the vomer. As the cartilaginous part of the septum slips from its bed, the lower edge curls upward and outward, so that its lower portion becomes concave. Higher up on the septum, this concavity gives place to a compensatory convexity."

This is all well and good; but what causes the premaxillæ to misbehave? Answer: Increase in number and abnormal position of bone cells due to nutritional disturbance from mouth-breathing in an obstructed naso-pharynx. Naturally, then, one would ask this question: If adenoid tissue is responsible for so much damage, what is responsible for the adenoid tissue? In reply, I shall say that a mild naso-pharyngitis ("cold in the head"), which means only infection with the pneumococcus, staphylococcus, influenza bacillus, or other germ, is usually the starting point in babies not born with adenoids already present. The cold is neglected, the discharge continues, the naso-pharynx becomes swollen and soggy; and a subacute or chronic condition ensues. Soon, the so-called cold is repeated, which is merely an acute exacerbation; and the vicious cycle continues until a true inflammatory increase in the normal adenoid tissue obtains; nasal breathing is still more obtunded; and finally may become an almost impossible function. The inter-relationship, then, of these conditions may be stated thus: mouth-breathing causes adenoids, and adenoids cause mouth-breathing.

As regards the facial deformities, these are often quite apparent even to the untrained eye; and the dull, listless, expression, rabbit mouth, anemia, and general lack of vigor of both body and mind are of too common occurrence to be more than suggested. The dental status may assume one of several varieties: overcrowding, irregular shape, caries, mal-occlusion, etc. These factors are of the greatest importance in the causation of digestive disorders from badly chewed food, intake of various bacteria, and the swallowing of mucus and mucopus, always present in increased amount and much more virulent in obstructive naso-pharyngeal and dental lesions. It is a matter for supreme congratulation that in many of our cities the school teachers are doing appreciable good by notifying the mothers of these stupid little mouth-breathers. This should be an economic problem of very easy solution.

Not only are digestive disorders more frequent; but these little sufferers are more prone to general infections than normal individuals. This assertion can be explained primarily by the lowered body resistance, and secondarily by the fact that an obstructed naso-pharynx is a reeking-place for micro-organisms, both pathogenic and non-pathogenic. This is especially true as regards diphtheria, scarlet fever, measles, influenza, laryngitis, bronchitis, tuberculosis and pneumonia. Much good work has recently been done on the relation of the tonsil to tuberculosis; and the consensus of best opinion is that, in many instances, a direct lymphatic route can be traced from the tonsil to the cervical lymphatics, and thence to the lung apex. Not only so, but great numbers of tuberculous cervical lymph gland cases have not progressed to cure until the diseased tonsil has been enucleated, and vice versa. Adenoids, too, have of late occasionally been proved to be tuberculous. Of course, many of these cases are infected by sputum; but I have reference to cases in which the tonsils and adenoids were primarily tuberculous. Here is an economic problem of vast significance; and, until properly recognized, much will be lacking to a final solution of the "great white plague."

From an economic standpoint, the consideration of la grippe alone is worthy of most careful study. The value to America of all the Russian emigrants that have come to us pales into significance besides this woeful heritage they have left us in these last dozen years. Its dire effects are confined not only to the old, but in the young and middle-aged as well, weakened mucous mem-

branes of the entire body remain behind to show how it is sapping the vitality of all. Even malarial ravages are much less and more confined to certain communities; and unless speedy and effective means are discovered to combat this disease, pneumonia and tuberculosis, which so often follow in its wake, will claim even more victims than they do today. I believe that a partial solution of the grippe problem lies in a stricter attention, antiseptic and otherwise, to the nose and throat, and in teaching the laity more correct principles in regard to diet, dress, ventilation, heating, and the like.

Added to the deficient and insufficient breathing in these cases (lack of supply of pure oxygen to the tissues) are other sequelæ of mouth-breathing, bad mastication, and infected pharyngeal lymphoid ring. Among these are typhoid fever, cerebro-spinal meningitis, acute articular rheumatism (and various other toxic absorptions), defective hearing, disturbance or complete loss of smell, disorders of voice, suppurative otitis, mastoiditis, sigmoid sinus thrombosis, meningitis, and brain abscess. Even ocular defects are no doubt often due to nasal disease and facial asymmetry, resulting from maldevelopment of the bones that enter into the formation of the face and orbit.

So much for the physical side of this question. The mentality of an obstructed naso-pharyngeal victim is also necessarily below par. Says W. S. Bryant (*Journal A. M. A.*, January 25, 1908): "Together with the imperfect development of the air sinuses and nasal fossæ, there is a tendency to pathological contact of the surfaces of the mucosa of the nasal cavities and to intranasal pressure. This condition, on account of the cerebral congestion and abnormal irritation that follow, is an important exciting cause of mental inferiority, idiocy, epilepsy, or insanity. The ear defects resulting, as we have stated, predispose to deafness and deaf mutism, and through their subjective mental irritation, or absence of normal mental stimuli, to insanity. The continuation of the condition producing this state causes a low grade of mental capacity, incapable of self-support, before the advanced states are reached.

Mastication is a most important economic factor for the more civilized portion of the human race. Its deterioration has been observed in Great Britain. Of late years it has displayed itself in the difficulty of securing those who have serviceable teeth for the army. Sound teeth for the proper preparation of coarse food for easy digestion are a necessary requirement for the health and efficiency of an army. As we have previously stated, caries of the teeth is most common in mouth-breathers. The normal potentiality of a strong jaw, or, in other words, of perfect dental occlusion is proverbial. We need not dwell on it because of its universal recognition. The character is weakened with a retreating chin. In the wapper-jaw type of dental irregularity, there is more strength of character, because the jaw in this form in more amenable to muscular fixation."

In dealing with these abnormalities, the dentist is an all-important factor, and should never be left out of consideration. Indeed, there should be not only a better understanding between specialists and general practitioners, but a better mutual relationship and understanding between dentists and physicians; and the science of dentistry, with its twin sister, stomatology, should be relegated to the high place it deserves; and must not be considered as merely a mechanical finger employment. The pathology of the mouth and teeth is too far-reaching in its effect on the human economy to be dealt with lightly. Much good can be done by the dentist even on the deciduous teeth by wire arches and similar apparatus for widening the roof of the mouth, and thus giving greater space between the alveolar ridges. (See article by E. A. Bogue, *Journal A. M. A.*, January 25, 1908; also article by Faught, of Philadelphia, same journal, January 18, 1908.) But orthodontia is also applicable to older patients; and should be resorted to at any age and whenever necessary.

Thumb-sucking and the use of pacifiers and rubber teats in babies can not be too much decried, since they undoubtedly operate in many cases to cause irregular jaw development by causing a too highly-arched palate. The strictest care should guard every case of naso-pharyngitis, especially in babies of two to ten months of age, for in these, as hinted at above, the trouble usually begins. A baby a few weeks old is quite old enough to have adenoids removed if necessary; and these should be examined for evidences of tuberculosis. During the last six months, I have had four cases of adenoids in babies aged, respectively, five and a half, six, seven and a half, and ten months. I have operated on two of these with results most happy. Too often it occurs that physicians of good repute, and perchance of recognized attainments in other directions, will say to the parent: "Yes, the child has adenoids; but leave it alone; it will outgrow them." Again, I know of a specialist in my city who said this to a mother: "God put the tonsils there, and it would not be right to remove all of them." This is at least being a little too conservative. I firmly believe that we had better lean to the radical in work upon adenoids, tonsils and the mastoid. Surgery and surgery alone can relieve pus in the mastoid cells—acute or chronic. Even in my own short experience, I have known of sudden death in patients with running ears; and the death certificate would read "apoplexy," "heart failure," and the like. Such economic mistakes are inexcusable; and the loss of one good citizen, putting such a calamity on this basis alone, is ofttimes incalculable. I do not wish to appear too radical; but I much prefer to be too radical than too remiss. Much more could be said along these lines, for the material near at hand is inexhaustible; but I fear I have already taxed your patience abundantly. I can close with no more fitting remarks than those applied by Fayette C. Ewing to Senor Manuel Garcia, the Grand Old Man of Music, and applicable also to many another worker in this productive field:

"The intimate relationship and interdependence of these various parts of the nose and throat have compelled a notice in this paper of men whose work was extra-laryngeal. Of these, was Wilhelm Meyer, of Copenhagen, whose discovery of adenoids must be ranked as more important and far-reaching in its effects than any growing out of Garcia's revolutionary revelation. This one contribution from little Denmark has immortalized Meyer, and given his nation an honorable place forever among those who receive and reflect the light, for it touched the very life breath of human health and happiness. Nothing of consequence ha been added to our knowledge of adenoids since Meyer's annunciation; and if all that has since been written on the subject was blotted out, our science would be none the poorer. He added to human strength, he contributed to human effort; he opened the ears of the deaf, and made mankind more beautiful in form and feature; he toned and tuned that marvelous instrument, the human voice, and shut the very doors of insane asylums

upon the frail and the wretched. And generations to come need not, as now, look upon pictures of the pinched, dull faces of their ancestors, in album and gallery, from a special disease; they may not listen to the voices of their preachers and prophets while they 'draw their breath in pain and tell their story,' nor hear their little children's trebles 'like sweet bells jangled, harsh and out of tune.'

"And if at our conclusion cynic or skeptic should ask, 'What avails it that such as these have lived and died' we should rise up and summon tens of thousands to tell us, out of their own experiences, that for Garcia's sake and the pioneers who fanned his fire, life is stronger and longer, sweeter in story and softer in song, and the 'human form divine' imaged more 'like a God.'"

THE SURGICAL CONSCIENCE.*

BY

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The term, surgical conscience, is employed to indicate an automatic familiarity with active asepsis and a subconscious accuracy in technic details. There is included in this discussion also a consideration of other ethical attitudes concerned in the solution of surgical problems. These are assumed usually by such agencies as friends, family, physician in charge, surgeon if consulted, and the designated hospital, acting sometimes separately or in combination, and so becoming copartners in responsibility.

Upon the occasion of a notable banquet tendered by the citizens of Rochester to Dr. Wm. J. Mayo, when he was elected President of the American Medical Association, I had the honor to say: *"Patients are entitled to the safest service available, and when deprived through indifference, prejudice or greed, the party responsible should answer to the self accusation of criminality, in cases of extra hazard, failure or avoidable fatality."*

Direct intervention, however, is only one manner of avoidable injustice. Influence is a penalty of prestige as it is of power. I now suggest that medical schools, hospitals, and the State itself, class institutions as they are, owe distinct obligations to the community in this connection which may not be realized. The *State* assumes by a uniform examination to determine the qualifications of applicants to practice both medicine and surgery. *Medical colleges* admit and graduate students under instruction presumed to be orthodox and abreast of the times. *Hospitals and sanitariums* receive the sick, provide facilities, furnish nurses, and indicate to the people by staff assignment physicians and surgeons who may be safely employed by the public. The public, in commendable confidence, looks to these institutions for a standard of professional excellence. When, by certificates of competency, faculty employment and staff position, they lead the public to trust men of adventurous schemes, deficient scholarship, or lack of skill, they are to be held morally reprehensible for the results of fraud, immature judgment, and deficient art.

Proficience for the practice of medicine and for the practice of surgery may not be ascertained by the same scope of inquiry, for they are not susceptible to the same methods of proof. Medicine, the more intellectual study, is mastered by laboratory work, class lectures, and clinical observations, included in the competent college curricula. Surgery, always mechanical and sometimes artful, must in addition require that education of all the senses which comes only through individual contact and personal application. Graduation from a reputable medical college and certificate of having passed successfully a State examining board, is evidence of technical training, but can not be trustworthy testimony regarding surgical ability, for the reason that in addition to theory and principles, a knowledge of which is certainly essential, the personal equation enters to a controlling degree.

The work of a "wire walker" appears easy, yet none except the rash or the expert will brave Niagara. If one should thus mistake information for ability, he would cheat of life only himself, and perhaps a family of a foolish father. "Sword plays," or "many balls in the air," when manipulated by a juggler, may be well explained and understood in the abstract, but failure will continue to attend the inexperienced effort, and it matters little, because the exercise is diversion and the articles are inanimate, to be replaced if injured or destroyed. Human life is sacred beyond estimate!

Nor are consequences of incompetent care so immediately disastrous in medical practice, and consultations are customary in confusing cases. An unrecognized pneumonia may later declare itself by an exhibition of rusty sputa, a recurring interval paroxysm will indicate the malarial element. Developments in these ways aid diagnoses prudently held in abeyance and there yet remain days of grace. Remedies are administered subject to their behavior in any given case, to be continued, varied, or suspended at will, and nature is in many instances a saving ally. Opium relieves pain, strychnia sustains muscular tone and the Peruvian salts prevent chills, these physiological effects following their administration by the recently taught the same as by the veteran at the bedside, while the painstaking pharmacist is a barrier to inadvertent error.

Surgery, on the contrary, usually involves serious undertakings, in which only a mathematical number may together engage, and is often at once a matter of life and death. Then, too, the embryo operating surgeon is rather disconcerted by even the sympathetic presence of a discriminating colleague, who may embarrass his already perhaps uncertain thought and too unsteady hand, and the injured nerve, the artery insecurely tied, the excessive or incomplete removal, the undue traumatism and the septic introduction are finished facts! If presumption as an indiscretion can never be applauded, and if a sin can scarcely be condoned; so the man, who in reckless disregard for the injury he may do assumes the gravest responsibility without preparation, does not mend his morals by observing that the results of his acts are sometimes shielded by inscrutable luck or a protecting Providence. Exemplary damage reaches further than actual injury. When death does not result, prolonged disability, increased ailment and post-operative difficulties will discourage and disappoint the people and discredit the surgeon.

This paper is not to be regarded as an indictment against any particular individual or agency. The great body of the profession is under its terms entirely exempt from even remote intimations, but in view of the fallibility of human inclinations, of responsibilities which under stress of condition may not be realized, and in the presence of legal requirements admittedly lax enough, let the organized men of regular medicine in North Texas council whether: (1) The State should admit to the indiscriminate practice of surgery applicants whose training has only been in theory and principle, after which surgical success if sought must be by the tombstone route? (2) Should institutions, out of desire to be neutral or even courteous, mislead a confiding community by the commendation which goes with association and employment when such reference amounts to a deceptive and dangerous over-rating? (3) Should unprepared practitioners, after reaching only the ambitious stage of surgical progress, be allowed to commit scientific assaults, simply because an incompetent law allows it, and because hospitals, sanitariums and colleges, not having duly regarded their duty, permit the practice?

This society has standard convictions upon moral as well as medical matters. Dissenters to restrictions such as the above will plead only that the needed protection would be paternalistic in tendency, which is untrue. Such restrictions would not disturb the just rights of individuals to employ at will, or any surgeon to serve upon invitation; nor does the plan assume an incapacity on the part of the people to manage either their business or social affairs. To restrain the classes from injuring the masses is an acknowledged function of statutory enactment. It can not be regarded as unreasonable that such restrictions be adopted as to insure adequate preparation for so important a work.

Institutions are organized activities, and when caring for the sick should contribute in all possible ways toward recovery, including advice and actual aid. Their published references, to be looked upon as authoritative, should be as sincere and reliable as when definitely solicited and personally given. As to individuals, they are only asked to obey the recognized proprieties, that in the practice of a profession of the most delicate and interdependent nature they observe the

*Chairman's address, Section on Surgery, North Texas Medical Association, Dallas, December 8, 1908.

demands of good faith and the principles of common honesty.

Hospitals are intended as helps to health, and all constructions, equipments, attachments and regulations are arranged with that view. An official staff is an essential contingent, and should be determined upon the same basis of discussion employed in reaching other conclusions, not differing materially from the manner of judging purity of water, convenience and ventilation of buildings, and those furnishings which conduce to comfort and an immunity from disease producing germs. An appropriate staff can not be selected by virtue of complexion, shade, age, church affiliation, political proclivities, or even social standing, for might not one be fair but foolish, aged yet immature, Christian and careless, and while a success in social life, scientifically impossible? There is also wisdom in determining upon a limited staff, since out of a smaller number improper selections are easiest avoided, and by concentrating the work the service is better perfected. All approval should be upon character, capacity, and conscience. If errors of judgment are later apprehended, there is always a right way of doing a right thing to do. For instance, if a sanitarium has two elevators for passengers, and one has a habit of falling five, ten or fifteen times in each hundred attempts to go up, while the other makes the trips successfully the hundredth time, the dangerous mechanism is placarded "Out of order," or "Not running." Should there be a less prudent discrimination in favor of the safer surgeon? The ideal yet absolute edict of the surgical conscience should be: *"The good of the patient the sole consideration, and no regard for individual ideas or prospective rewards which do not accord with the patient's sacred interests."*

In an evolution toward such an agreement, patriotic concessions must be made, each agency being under direct obligations to improve conditions along the following lines:

(1) *Colleges of Medicine* should advance entrance requirements and improve laboratory facilities, and provide instructors both able and industrious.

(2) *Graduates* who would be surgeons should first secure service as hospital internes or surgical assistants. This will give opportunity for the necessary personal training. Such employment by contact familiarizes them with pathological appearances, accustoms them to handle tissues and develops manual dexterity, which adds to both skill and judgment.

(3) *Hospitals* as servants of humanity should consider no staff assignment which is inconsistent with its purposes, and be swayed by no unsafe sentiment.

(4) *Practitioners* having patients under their care and enjoying their confidence as physician and friend, should, in the presence of surgical conditions, decide in each case whether in view of primary training and subsequent environments they are personally qualified and prepared to render surgical service as satisfactory and as safe as that to which they are entitled and which can be had.

(5) *Competent surgeons unsurgically situated* must determine whether under conditions which are unpromising, they ought not to advise those who are, in proper physical and financial position, to seek competent surgical aid under environments contributing all that is possible to minimize the operative hazard.

(6) *Surgeons so surgically situated* must recognize the responsibilities which opportunities impose, and permit neither personal nor financial considerations to secure consent for needless neglect or a procedure not both humanely and scientifically indicated.

If there are those whose standard of intellect and integrity does not concur in the employment of a surgical conscience, the law ought to guard such from temptations. While lacking statutory provisions upon these points, when one defends a different attitude, we should remind him that the golden rule is yet respected in Christian communities, and that all transgressors here must finally contend with a relevant command which in prehistoric days was traced by the finger of the Almighty God upon tablets of stone.

MISCELLANEOUS.

OPPONENTS OF THE ONE BOARD BILL.

Now and then some physician in Texas rises up and denounces the One Board Medical Bill, "Mixed Board" he usually prefers to call it. Sometimes these men criticize the principle of a one board. More often they are critizing the personnel of the present examining board, or denouncing some of its official acts.

Pennsylvania has a number of separate boards. The latest threatened acquisition is an Osteopathic Board by a bill which has recently passed the House. The medical professsion of that State are disgusted with the condition of affairs and have completed a One Board Medical Bill similar to the present Texas law. The *Pennsylvania Medical Journal* has this to say about it:

"This legislation is general in the broadest sense of the term; that it confers equal rights upon all; that no individual coming under its provisions is given any form of special privilege; that the State concerns itself only in the licensing of qualified persons and not for an instant in the particular title the individual may by right assume. A license granted under this act will be the proudest possession of the new doctor, for it will be the State's guarantee of fitness. Not the guarantee of a sectarian board, but the unprejudiced approval of a board exercising the authority of a great State in certifying to the fitness of those concerned in the protection of the public health. The licentiate will be a doctor of medicine with the full right to practice medicine as his conscience and judgment shall dictate. All doctors are proud of their profession; the best of them honor and dignify it above all other callings. It must, therefore, be a source of gratification to all true physicians when the law shall surround the profession with the safeguards of justice, equity and knowledge.

"Before the law all men are equal, and the general safety of the public is its concern, irrespective of individual opinion. When the public safety imposes duties and responsibilities upon certain individuals, the State has the right to require proof of qualifications from all individuals assuming these duties and responsibilities. But the same essential proofs must be demanded of all alike. The act deals only with the essentials of medicine. Aside from its fairness to all, which is one of its chief claims to public approval, are its requirements as to the general education of the individual before he enters upon the study of medicine. These requirements are not oppressive, but are believed to be of a character that will assure that the applicant possesses the ability to learn the immense array of scientific facts upon which the safe treatment of diseases is based. It also guards the profession from disreputable or criminal individuals who seek to enter it for the opportunities it may give them for corrupt practices."

MEDICAL CARTOONS.

THE SENATE HAS PROVIDED A SHIELD

—*Houston Post.*

HUNT COUNTY RESOLUTIONS.

ELUCIDATION OF PRINCIPLES OF MEDICAL ETHICS, ON "ADVERTISING METHODS TO BE AVOIDED."

A reiteration, interpretation and regulation defining certain kinds and species of notices and advertisements to be irregular and providing for the censure or suspension or expulsion of members violating the same.

Be it reiterated by the Hunt County Medical Society of Hunt county, Texas:

(1) That it is incompatible with honorable standing in the profession to resort to public advertisement or private cards inviting the attention of persons affected with par-

ticular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publication to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill or success, or to employ any of the other methods of charlatans.

(2) That it is interpreted as irregular and is contrary to principles of medical ethics for any published notice to be made in any newspaper, or on or by any printed device, of professional visits or services rendered by any member of the profession or of any surgical operation performed.

(3) That it is interpreted as irregular and contrary to the principles of medical ethics for any member to practice in any public or private hospital or sanitarium when and where secular press publications or notices are made of the names of patients treated therein; or of any operation performed therein; or of physicians, surgeons and specialists practicing therein.

(4) It is interpreted as irregular and contrary to the principles of medical ethics for any member of the profession engaged in general practice as a physician or surgeon to advertise as being specially proficient in treating any specified disease or diseases or in performing any specific operation, or to advertise as being physician or surgeon for any corporation, or as being a member of any medical society board, or to advertise any honorary title or position.

(5) That it shall be the duty of the secretary of this society to clip out and preserve any and all irregular publications or notices by members or of members of the society and shall read them before the society at the next regular meeting thereafter. The said notices shall be referred to the Board of Censors, which shall deal with the same in accordance with the interpretations of the principles of medical ethics made and elucidated herein.

(6) That any member of this society guilty of irregular or unprofessional conduct as defined and declared herein, or of whom irregular publications or notices is made by the press concerning his professional visits, services, operations or practice shall be subject to censure or to suspension or expulsion as a member of this society. Provided, that the fact of publication shall be presumptive evidence that the same was made with the knowledge or connivance of the member; and further provided, that more than three such publications occurring in the same calendar year shall be conclusive proof that the same was made with the knowledge, connivance or consent of the member.

RESOLUTION.

Whereas, the acceptance of contingent fees and division of fees is contrary to the principles of medical ethics, therefore be it resolved:

(1) That the Hunt County Medical Society of Hunt county, Texas, declares that such practice on the part of the medical profession is irregular and reprehensible to organized medicine.

(2) That no member of the medical profession be permitted to join the Hunt County Medical Society or retain his membership in said society, if found guilty of accepting a contingent and division of fees.

(3) That the President and Board of Censors of the Hunt County Medical Society investigate all charges or current rumors that may be brought to their notice in writing and report their findings to the society for action.

RESOLUTION.

That a copy of these regulations, reiterations and interpretations be signed by the President and Secretary and sent by registered letter to each newspaper in the county, requesting that they do not publish anything in conflict with same, unless as paid advertising matter.

The above report was adopted in regular session of the Hunt County Medical Society January 12, 1909.

B. F. Arnold, President.
D. R. Waddle, Secretary.

COUNCILOR RESOLUTION.

Whereas, Death has removed from our midst Dr. W. A. McCamley, a faithful and earnest physician and friend, whose long years of service in the profession bear testimony of his worth as a citizen and a man; true to the highest precepts of duty, ever earnest in the general uplift of his profession; he was well loved by those who knew him best; and

Whereas, As Councilor from his district, he was zealous and faithful in the discharge of his duties, and was just and thoughtful of the best interest of all; therefore be it

Resolved, That we, of the Board of Councilors of the State Medical Association of Texas, express our deep regret and sorrow at the loss of our brother and friend.

S. A. Foote,
W. A. King,
J. C. Anderson,
Committee.

LEGISLATIVE NOTES.

Would Amend Medical Practice Law.—A bill was recently introduced in the House by Mr. Brookreson to extend the time in which practitioners of medicine may receive verification license.

The Board of Health Bill has been reported favorably in both houses. The chances for its passage are favorable, and no opposition is now heard except some from those who oppose moving the pure food department from Denton.

To Create a Chair of Homeopathy in the State University.—The bill to give the Homeopaths a chair in the Medical Department at Galveston was reported favorably and passed the Senate, making it optional with the Board of Regents of the State University to establish the chair.

The Bill for a Tuberculosis Sanatorium passed the Senate. It received a favorable report in the House, but the appropriation was cut to $150,000. Mr. Grinstead, of Kerrville, addressed the House, urging the passage of the bill. His speech made a favorable impression on his hearers. It is thought that the bill will pass the House as reported from the committee.

Bill to Prevent Drumming and Boosting.—Representative Strickland has introduced in the House a bill aimed to prevent the drumming and boosting by members of the medical profession at watering places, resorts, in cities, etc. This bill is copied somewhat after the Arkansas law. It is broad enough to cover the solicitation of quack doctors, and makes the punishment include both the doctor and the drummer.

A Bill to License Itinerant Medicine Peddlers.—On February 3, Mr. Pearson introduced House Bill No. 330, A bill to be entitled "An Act to license itinerant vendors of drugs, medicines, nostrums, ointments, stock remedies, flavoring extracts, spices, toilet articles and appliances of any kind for the treatment of disease, injuries or bodily defects, and for the enforcement thereof, and further providing for the fees for license and the disposition thereof." Read first time, and referred to Committee on Public Health.

The Pure Food Bill consumed considerable time in the House on February 26th. The arguments arose over certain provisions of the Pure Food Bill, which are construed to be so worded as to drive out popular drinks containing kola extract. The bill as it was first drawn puts kola extract under the ban as well as caffein and thein. This has been redrawn so as to exclude kola extract, it is thought in the interests of a large manufacturer. The bill as it stands today has no ban on kola extracts, but bars the use of saccharin, caffein and thein.

The Nurses' Bill has been reported favorably from the Committee on Engrossed Bills of the Senate. It is known as Senate Bill No. 111, A bill to be entitled "An Act to define and regulate the practice of professional nursing; to create a board of nurse examiners for the examination and licensing of nurses, and to prescribe their qualifications; to provide for their proper registration and for the revocation of certificates for the violation of this act, and declaring an emergency." This bill has passed the Senate and it is said will meet with no opposition in the House.

Special Fund for State University Medical Department.—House Bill No. 375, a bill to be entitled "An Act to create a special fund for the erection, repair and equipment of the buildings at the Medical Branch of the University of Texas at Galveston, and declaring an emergency." Read and referred to Committee on Appropriations. Mr. Masterson has recently introduced a Senate bill providing for a fund for the erection of a chemical laboratory to cost $60,000. This is to be raised from fines paid for violation of the anti-trust laws and from fines collected from common carriers for violation of law.

Students' Exemption Bill.—The House committee reported the Students' Exemption Bill unfavorably, and a minority report is said to be improbable. A petition was presented the Legislature from the students of the Medical Department at Galveston, presenting their reasons for desiring exemption from examination. The measure was not favored by President Mezes of the University, and met strong opposition from the other medical colleges of the State and the profession in general everywhere. At the present time no State exempts graduates in medicine from the examinations of the State Licensing Board. In Minnesota, where the only medical school in the State is the State University, graduates must pass the State Examining Board.

Bill for a Board to Control Eleemosynary Institutions.—Senators Veale and Mayfield have introduced a measure abolishing the present board system for the State eleemosynary institutions and creating a central board of three to control all institutions. The bill provides for a board of control, consisting of three men to be appointed by the Governor at salaries of $3500 per annum. It creates the office of State architect as well as a secretary of the board. If passed, the board will take immediate control of all eleemosynary institutions now existing or to be hereafter created. It abolishes the office of State Purchasing Agent and all of the trustees and managers of such institutions, and provides for uniform accounts and accounting.

Appropriation for Leper Colony.—Dr. E. S. Cox, of Galveston, recently visited Austin. There a bill was drawn for him appropriating $40,000 by the State for the erection of a home on the cottage plan for the care of lepers. Senator Masterson introduced the bill in the Senate. Dr. Cox was provided with a number of photographs of lepers, which showed the disease in a very repulsive form. He exhibited these photographs to each member of the Senate, and created considerable public sentiment and an almost unanimous opinion that the situation demanded imperative relief. It is said that there are about a dozen of these cases in the State. The apparent lack of care of these cases is a good argument for a State Board of Health and a better supervision of such disease. There is no question, compared with the enormous death rate and financial loss from tuberculosis, that the appropriation asked for, while not at all too great, is out of proportion to other needs.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

IN TEXAS.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Inter-Southern Life, Louisville, Ky.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

IN OTHER STATES.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR INSURANCE EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Edwards.	Jones.	Potter.
Bandera.	Erath.	Karnes.	Rockwall.
Bastrop.	Fannin.	Kaufman.	Roberts.
Blanco.	Fisher.	Kendall.	Robertson.
Bosque.	Floyd.	Kerr.	Runnels.
Briscoe.	Franklin.	Lampasas.	Sabine.
Burnet.	Gillespie.	Lee.	San Augustine.
Caldwell.	Gonzales.	Leon.	Sherman.
Cass.	Grayson.	Lipscomb.	Smith.
Camp.	Guadalupe.	Lubbock.	Stephens.
Childress.	Hale.	Madison.	Stonewall.
Clay.	Hartley.	Martin.	Swisher.
Colorado.	Haskell.	Medina.	Titus.
Collin.	Hamilton.	Midland.	Travis.
Comal.	Harrison.	Milam.	Upshur.
Cooke.	Hemphill.	Montgomery.	Uvalde.
Dallam.	Hill.	Morris.	Van Zandt.
De Witt.	Hopkins.	Newton.	Wilbarger.
Eastland.	Howard.	Nolan.	Williamson.
Ector.	Jasper.	Ochiltree.	Wood.
El Paso.	Johnson.	Orange.	Young—84.

NEWS.

The Fifth District Medical Society will meet April 1st, at San Antonio. A fine program has been prepared.

The Eleventh District Medical Society will hold its next meeting in Henderson, March 9th and 10th. A good scientific program is promised.

Dr. Beakley in New York.—Dr. S. S. Beakley, of Seguin, left on February 1st for New York, where he will spend several months in eye, ear, nose and throat work. On his return he will locate in San Antonio.

Dr. T. A. Miller Injured.—Dr. T. A. Miller, of Corsicana, was seriously injured February 10th. A runaway team overtook him and ran into his buggy, wrecking it and dragging him some distance. He was badly bruised and lacerated about his face.

The Eighth District Medical Society will meet in Wharton, April 8th. Several leading physicians and surgeons of the State are expected to be present. The officers and section men are putting forth strong efforts to make this meeting the best ever held by the society.

Dr. Cummings' Daughter Bitten by a Dog.—On February 5th, the 9-year-old daughter of President H. W. Cummings, of Hearne, was bitten by a rabid dog while she was returning home from school. She was taken to the Pasteur Institute at Austin for treatment.

Fort Sam Houston to Be Vaccinated for Typhoid.—Following the orders from the War Department, vaccination to prevent typhoid will be resorted to at Fort Sam Houston. The results of the use of the vaccine will be watched with much interest.—*Houston Chronicle.*

Dr. D. R. Fly Accepts an Appointment on the Auxiliary Board of Public Instruction of the American Medical Association.—The Board is composed of a central committee with one representative in each State to act in an advisory capacity to the central board regarding local and general conditions.

Dr. Keiller returns to Galveston.—Dr. William Keiller, Professor of Anatomy in the Medical Department of the Univer-

sity of Texas, who has spent a year at Fort Stanton, N. M., recuperating, will soon return to Galveston restored to health, and will limit his practice to general surgery and diseases of women.

Dr. Fly's Itinerary.—Since January 1st, Dr. D. R. Fly, Chairman of the Committee on Public Instruction, has visited the following towns: Eastland, Cisco, Abilene, Jacksboro, Sweetwater, Austin, Dallas, Fort Worth, Colorado City, Royse City, Henderson, Houston and Rockwall. This month he goes to Galveston, Cleburne and other points.

The Committee on Education of Women has about completed its work of distributing pamphlets of instruction and suggestion. These have been sent to over 240 clubs throughout the State and to a large number of individuals. This committee will make a report of the results of its work to the House of Delegates at the next annual meeting.

Dr. G. B. Foscue Tenders Resignation from Board of Medical Examiners.—On January 30th Dr. G. B. Foscue, of Waco, resigned from the Texas State Board of Medical Examiners. Dr. Foscue had been a member since the present one board was created, and was its first secretary. He had recently been re-appointed by Governor Campbell. His resignation takes effect at once.

Dr. Gregory Re-elected Superintendent.—At a meeting of the board of the North Texas Hospital for the Insane, Dr. C. L. Gregory was re-elected superintendent. The members of his staff are as follows: Dr. G. F. Powell, Terrell, First Assistant; Dr. C. M. Poff, Ennis, Second Assistant; Dr. W. J. Johnson, Cookville, Third Assistant; Dr. R. J. Rowe, Terrell, Fourth Assistant.—*Houston Post.*

Dr. William E. Luter Injured.—Dr. William E. Luter, of San Antonio, was severely injured in a runaway accident January 27th. While making professional calls in his buggy, the horse became frightened, turned suddenly, and threw the occupants out upon the pavement. Dr. Luter fell upon his head, and was rendered unconscious. Concussion of the brain was feared at first. The doctor is recovering rapidly.

Legal Assistance for Protection of Public Health Laws.—President Cummings, of Hearne, has employed Attorney Allen D. Sanford, of Waco, to prosecute the Morse case in the higher courts. Mr. Sanford is also to examine the status of the Trask case, and if it can be fought with any assurance of success, he will take it up. The total amount subscribed to the fund for the protection of the public health laws to date is $517.

Guests at the State Meeting.—Promises of papers from notable men outside of the State have been received from Drs. Joseph Collins and T. W. Hastings, of New York; Dr. Chas. H. Mayo, of Rochester, Minn.; Drs. Roy M. Van Vort, Isadore Dyer and E. D. Martin and Dr. S. P. Delaup, of New Orleans; Dr. Emil G. Beck, of Chicago, and Dr. Fred J. Mayer, of Mississippi; also conditional promises have been received from Dr. W. S. Brainbridge, of New York; Dr. Hugh R. Young, of Baltimore, and Dr. George Dock, of New Orleans.

Leprosy at San Antonio.—The State Health Officer, Dr. Brumby, has investigated the reports of this disease, and says that there are six cases which are leprosy without doubt. It is not known where it was contracted, but it is believed it came from Mexico, carried possibly by Mexicans. Dr. Brumby has advised the county health officers that the cases must be isolated, or he will be forced to have recourse to quarantine.—*Fort Worth Record.*

The Lubbock Sanitarium.—Drs. J. N. Stoops and G. S. Murphy, of Lubbock, are erecting a new hospital which will contain twenty-five beds. The building will be modern in all its appointments and the operating room a model of its kind. The building is to be erected at a cost of $15,000, and said to be the first of its kind in Northwest Texas. It will be conducted on a strictly ethical basis, and will be open to the use of the profession.

New York's Optometry Law.—Under the new laws in effect in New York State, there are oculists, opticians and optometrists. The optician seems to have lost importance, as the optometrist is the one who ascertains and prescribes the character of the lens. The technical optician simply grinds the lens in accordance with directions from the optometrist, and manufactures spectacles and eye-glasses. The oculist is a surgeon who treats the diseases of the eye.—*Scientific American.*

A New Medical Society at Fort Worth.—A call has been issued to form a medical society to be composed of the "liberal and progressive" physicians of Fort Worth and Tarrant county. Its objects are to promote the principle of liberal and advanced medicine, and to bring about more intimate social relations among the prospective members. Physicians from the eclectic, homeopathic, physio-medical, "allopathic," osteopathic, etc., schools of medicine, are given an urgent invitation.

Vital Statistics Report.—The *Bulletin of the Department of Public Health and Vital Statistics* for January reports for the quarter ending with December, 13,043 births, and 4149 deaths. The quarterly report preceding the above shows 12,859 births, and 8302 deaths. Of that report, 2524 deaths were children under 5 years of age. Of the quarter ending December 31st, 1063 were children under five years. Four thousand three hundred and five births and 1369 deaths occurred in December.

Proposed Tuberculosis Hospital Which May Be Given to Texas.—The War Department having decided to abandon Fort Clark, Congressman Garner will offer a bill providing for the donation of the post property to the State of Texas for a public tuberculosis sanatorium. If the State will make an appropriation to sustain the sanatorium, it is believed that Congress will make the donation. Fort Clark is a brigade post, comprising headquarters and barracks and 3000 acres of land.—*Fort Worth Record.*

Bowie Resolutions Reproduced at Stephenville.—The resolutions recently published in the daily papers by the physicians of Bowie, addressed to the public, and calling attention to the necessity of maintaining a financial standing with the medical profession, have been copied with a few minor changes by the physicians of Stephenville. The results so far are gratifying, and a considerable improvement in local conditions is expected as the result. Professional conditions at Stephenville have very greatly improved since the reorganization, and the profession is said now to be among the most harmonious in the State.

A Much Needed Appropriation for the Tuberculosis Exhibit.—The State Health Officer is asking for an appropriation of $5000 per year for the purpose of carrying an educational exhibit over the State. There is at present a free tuberculosis exhibit in Texas, supported by voluntary contributions. It has made a tour of over a dozen of the larger cities and towns. The burden is too heavy, however, to be left on the shoulders of the volunteer contributors, and, as the public has shown its need as well as its desire of education, the State should prosecute this work.—*The Bulletin of the Department of Public Health and Vital Statistics.*

The Annual Meeting of the Council on Medical Education.—The fifth annual conference of the Council on Medical Education of the American Medical Association will be held at the Auditorium Hotel, Chicago, Monday, April 5, 1909. The session begins at ten o'clock. The representative of each State association is desired to be present, and members of the medical examining boards of the various States. There will be discussion of questions of great importance, including the report of the special committee on medical curriculum and addresses on preliminary education and on the character of State license examinations.

Dr. Wiley and the Referee Board.—The reversal by the referee board of consulting scientists of the findings of Dr. Harvey Wiley, and its statement that benzoate of soda, when used as a preservative for food stuffs, is not a poison, has been made the subject of considerable criticism in the Senate. It is pointed out that, while the investigation carried on by the referee board lasted four months only, Dr. Wiley's experiments consumed nine months. In justice to Dr. Wiley, it must be stated that he has never claimed quick action for preservatives, but that their danger lay in the ultimate effect which they produced from constant use.—*Scientific American.*

A Method for Photographing Opaque Microscopic Objects.—Professor Florence has devised a new way of examining and photographing opaque microscopic objects. Applying this method to the examination of traces of blood on weapons, he was able to recognize distinctly red blood corpuscles which had escaped discovery by expert examiners. The method, which is susceptible of other than medico-legal applications, is char-

acterized by the fact that the light by which the object is illuminated is admitted into the tube of the microscope whence it is reflected by prisms to the object glass which converges it upon the object.—*Scientific American.*

Notice to Members of the Medical Association of the Southwest.—In making plans to attend the annual meeting of the American Medical Association at Atlantic City, June 4th to 6th, the members of the Missouri Valley Medical Association have arranged for a special train from St. Louis, and urge the members of the Medical Association of the Southwest to join them on this trip. Stop-over privileges will be arranged for at all places of interest. Those planning to attend the Atlantic City meeting and wishing to go on the special train from St. Louis, may obtain full information as to routes, rates, etc., from Dr. Charles Wood Fassett, of St. Joseph, Missouri. Write him at your early convenience.

Three New County Medical Societies Chartered.—On February 9th and 11th charters were issued to the following new societies in the Panhandle District: Swisher-Briscoe County Medical Society, of which Dr. H. D. Barnes, of Tulia, is President, and Dr. John R. Milburn, of Tulia, is Secretary; Lubbock-Crosby Society, with Dr. M. C. Overton, President, and Dr. J. N. Stoops, Lubbock, Secretary; and the Hale-Floyd Society, with Dr. R. C. Andrews, Floydada, President, and Dr. W. N. Wardlaw, Plainview, Secretary. These societies were formed from the old Hale-Swisher-Floyd-Lubbock-Briscoe-Crosby combination. The organization was made possible through the efforts of Vice-Councilor H. D. Barnes.

Cost of Mosquito Extermination.—Dr. John B. Smith, the New Jersey State Entomologist, in his annual report to the Governor, says that municipalities are now co-operating with the State in the extinction of the mosquito, and that the time is drawing near when there will not be a mosquito left in New Jersey. The total appropriation for the work for the year was $20.000, of which only $15,458 was used, leaving a balance of $4542. There were 17,620 acres of marsh land drained, and 2,394,174 feet of ditches were built to keep stagnant water from collecting in breeding places. It is said that the draining of the marshes about Jersey City has caused the complete disappearance of the mosquitoes from that region.—*Medical Fortnightly.*

Italian Pharmacy Laws.—Italy has been so flooded of late with foreign-made specialties that the pharmacists of that country are becoming alarmed and have begun an agitation for a revision of the pharmacy laws. The memorial presented by them to the Italian Parliament asks that pharmacists only be permitted to deal in medicinal articles both at wholesale and retail; that doctors' dispensaries be abolished and parish pharmacies substituted for them, the parish pharmacists to be paid like the poor doctors. Limitations on the basis of population is demanded, one pharmacy to exist for every 4000 in the country and one for every 5000 inhabitants in the cities and larger towns. The manufacture of pharmaceutical specialties is to be allowed only upon special permission of the chief sanitary council.—*Medical Fortnightly.*

Doctors Appointed by Governor Campbell.—The following physicians of the State have been appointed to serve on the boards of various State institutions: *Board of Regents of the University of Texas*, J. W. McLaughlin, Austin, and A. W. Fly, Galveston; *Board of Trustees of the State Lunatic Asylum*, G. H. Wooten, Austin; *Board of Trustees of the State Blind Institute*, R. M. Wiekline, Austin; *Board of Trustees of the Deaf and Dumb Asylum*, Dr. L. L. Laeey, Austin; *Board of Trustees of the Epileptic Colony at Abilene*, Dr. L. L. Grizzard, Abilene; *Board of Trustees of the College of Industrial Arts at Denton*, Dr. J. P. Blount, Denton. *State Board of Medical Examiners* are Drs. Ed P. Becton, Greenville; Jas. D. Osborne, Cleburne; W. B. Collins, Lovelady; R. H. McLeod, Palestine; J. J. Dial, Sulphur Springs; J. D. Mitchell, Fort Worth; M. E. Daniel, Honey Grove; R. O. Braswell, Fort Worth; J. T. Crow, Dallas; J. P. Rice, Alpine; J. F. Bailey, Waco.

The Tuberculosis Exhibit in New York.—Mr. George Nelbach, of New York, who had charge of the tuberculosis exhibit while in this State, returned to New York in December. He is still engaged in the same work. While the exhibit was in Poughkeepsie, New York, Mr. Nelbach sent this JOURNAL a copy of the Poughkeepsie *Eagle*, which showed how the business men co-operated with the management of the exhibit by giving their ad space in the newspaper for the purpose of introducing the exhibit and emphasizing the importance of its work. Forty-eight business firms loaned their advertising spaces to the tuberculosis exhibit for educational purposes. Instead of the regular ads, the name of the firm through whose courtesy the space was loaned appeared in modest type. Below this were messages how to prevent consumption, "don'ts" for consumptives, and other facts calculated to educate the masses, and giving an urgent invitation to visit the exhibit. These notices occupy spaces from a three-inch column length to a full page space given by the publishers. On the front page in heavy capitals appears a quotation from a speech by Governor Hughes. The unselfish attitude shown by the business men from Poughkeepsie is rewarded by perhaps a wider notice than if their regular advertisements had appeared; they have given timely help to a worthy cause.

Visitors Address the Legislature.—The House was recently addressed by Hon. J. E. Grinstead, of Kerrville, a member of the Thirtieth Legislature and author of the Tuberculosis Sanatorium Bill, which passed the lower house, but died on the calendar of the Senate of that body. Mr. Grinstead eloquently spoke upon the merits of the present measure, urging its adoption. Without going into the details of the bill, he presented statistics and arguments showing the great need of a tuberculosis sanatorium in Texas. Immediately following Mr. Grinstead, Dr. Frederick J. Mayer, the well-known authority on hygiene and ex-member of the Louisiana State Board of Health, and Sanitary Inspector of Louisiana, also addressed the House. He urged favorable consideration of the bills, both for a Board of Health and the tuberculosis sanitarium. Dr. Mayer considers public health the most important question of the day. He placed the annual financial loss to the United States by tuberculosis at the fabulous sum of $1,100,000,000. He begged the Legislature not to underestimate the importance of a competent Board of Health, pointing out the economic saving to the State, and the incalculable benefit to the mankind of Texas by its operation in the prevention of disease. He stated that Texas packing houses cull their cattle before submitting them to Federal inspectors, and gave his informant as Dr. Brumby, who later gave a statement for publication.

Dr. Brumby Says Diseased Meat Is Eaten by People of Texas.—When Dr. Mayer stated to the House that Dr. Brumby informed him that diseased cattle were eaten by the people of this State, Representatives Wortham and Fitzhugh called on the State Health Officer for an explanation. Dr. Brumby later gave his statement for publication. He said he had not intended to reflect upon the big packing companies or any legitimate special interest in giving to Dr. Mayer the information. He stated that he had ample evidence to support the charge that the people of Texas are eating the culls that reach the stockyards, but for lack of appropriation and assistance he is, under existing laws, unable to provide protection against these deplorable conditions. He has personally visited certain stockyards and found certain people around the pens buying up cripples and ostensibly driving them to pasture, but in reality killing them for immediate consumption. He then began to take drastic measures to end this, but was forced to abandon the work on account of no means. He does not mean to imply that any packing plants in Texas who employ Federal inspectors engage in the reprehensible practice of putting off indifferent stuff on the market. They employ certain buyers who know almost by sight what will pass Federal inspection, and will not buy any stuff they have reason to believe is not good, but there is a market for it, and since it can not be shipped out of the State without a government inspection tag, it is plain who eats it. Dr. Brumby does not make these charges for the purpose of being sensational, but for the sake of informing the people of Texas of these conditions that they may know them for their own protection. They are statements of old facts long known and deplored. He has in his possession proofs of more than he has ever charged.—*Fort Worth Record.*

Attorney General's Ruling on Compulsory Vaccination.—For the benefit of school boards in general, we publish below the opinion of the Attorney General's office, declaring any school board has the right to pass a rule making compulsory vaccination a qualification before a child can enter school:

"I am of the opinion that the Gainesville school board has the authority to pass said resolution; that the regulation is a reasonable one, and that children refusing to comply therewith may be legally excluded from schools. While this opinion is directed to the particular Gainesville Board of Trus-

tees, yet the authority given all school trustees in this State are so similar in their character, I am of the opinion that the conclusion reached is applicable to Texas school boards generally.

Yours very truly,
(Signed) T. S. JOHNSON,
Office Assistant Attorney General.

—*Bulletin Department of Public Health and Vital Statistics.*

New and Non-Official Remedies.—The following articles have been tentatively accepted by the Council on Pharmacy and Chemistry:

Brovalol (Schering & Glatz).
Medinal (Schering & Glatz).
Veronal Sodium (Farbenfabriken of Elberfeld Co.).
Agurin Tablets, 5 grs. (Farbenfabriken).
Citarin Tablets, 15 grs. (Farbenfabriken).
Hedonal Tablets, 8 grs. (Farbenfabriken).
Iodothyrine Tablets, 5 grs. (Farbenfabriken).
Novaspirin Tablets, 5 grs. (Farbenfabriken).
Piperazine Tablets, 16 grs. (Farbenfabriken).
Sajodin Tablets, 8 grs. (Farbenfabriken).
Aeet-Theocin-Sodium Tablets, 4 grs. (Farbenfabriken).
Veronal Tablets, 5 grs. (Farbenfabriken).
Articles accepted for N. N. R. Appendix:
Tabloid Coffee Mint (Burroughs Welcome Co.).
Maltine (Maltine Co.).
Articles reconsidered and rejected:
Migrainin (Koechl & Co.).

President Mezes Opposes Students' Exemption Bill.—President Mezes, of the University of Texas, gave out the following letter and statement:

Concerning the attitude of the authorities of the University of Texas toward House bill No. 206, dealing with the exemption of the medical graduates of the University from examination before the State Board of Medical Examiners, and toward a bill providing for a similar exemption in the case of graduates in pharmacy of the University of Texas, I gladly make the following statement:

The students in medicine and pharmacy of the University have on several occasions requested the Board of Regents to secure the introduction of bills similar to the two mentioned, and to ask that they be passed by the Legislature. On these occasions the Regents of the University have declined to take any such action. The two bills represent the desires of the students, and, as far as the authorities are aware, of the students only. Believe me, very truly yours,

S. E. MEZES,
President of the University of Texas.
—*Houston Chronicle.*

The Students' Exemption Bill.—The following is from the January number of the *University Medical*, a monthly school journal published by the students of the Medical Department of the State University: "Up to the present time the *Medical* has for various reasons refrained from expressing itself on the subject of graduates from this school being exempted from State Board examination, but on the eve of the meeting of the Legislature we deem it not amiss to express in these columns what is the almost unanimous opinion of the entire student body: (1) That we are justly entitled to legal recognition on a diploma alone, being graduates of a State institution whose teachers are employed and paid by the State. (2) That the State has passed on us once, and why should we be put to the expense of having a State board pass on us? (3) That we feel it a reflection on the State, the school and ourselves that it does not recognize its own product—like the United States refusing coin from its own mints. (4) That all previous records made by Texas boys before the State Board prove our contention that we are competent. (5) That the graduates of the other departments of the University are exempted from such examinations, and that we are entitled to the same recognition. The *Medical* believes that with the efficient work already done by our committees that timely and persistent work with our Legislators is the only thing now required, so let's everybody together in this, and fight for the best that is within us, and success will crown our efforts, thus conferring a just distinction on our institution and ourselves."

Petition from the Texas State Board of Medical Examiners.—There is before your honorable body an amendment to the Medical Practice Act which will exclude from the operation of the act those men who graduate in medicine from the Medical Department of the State University.

The Board of Medical Examiners for the State of Texas protests against the adoption of said amendment for many reasons, the principal ones being:

1. That it establishes a double standard of medicine in Texas and prevents the said Board from regulating entrance qualifications to medical colleges and nullifies many of the acts which the Medical Practice Law was created to bring about.

2. Graduates in medicine from the University of Texas are no more entitled to this piece of paternalism and favoritism than are the graduates of other institutions in Texas, for it is a fact that the graduates of the Medical Department of the University often pass no better examinations than do the graduates of other reputable, independent medical schools in Texas.

3. It is rank discrimination against private medical schools, a discrimination that will amount to almost confiscation or loss of property, time and money by good professional men who have put their money into and given their time to institutions unprotected by the State Treasurer.

4. It will destroy the reciprocal relations existing between Texas and other States, a relation that this Board has labored diligently to consummate. These relations enable reputable doctors to go from our State to another and begin practicing without standing a special examination.

If this amendment should pass your honorable body, the States that are now holding reciprocal relations with us would immediately withdraw from these relations. Such a law was passed by Illinois, New York, Michigan, Wisconsin, Ohio, Missouri and several others, but after a trial under this method, each and every State has repealed this provision of the law.

We ask your honorable body not to foster such an amendment, as it will bring ridicule upon our State in medical circles and keep us from entering into further reciprocal relations that are now about to be consummated and for the reason that it will nullify parts of the Medical Practice Act that the bill was especially created for, and last, but greatest, it shows discrimination that no other great State and no other great institution endeavors to obtain and that it is and will be a reflection on our great Medical Department of the University, for it will appear that the Alumni and Faculty fear for the students of this institution to take the examination that graduates of institutions both in and out of the State are compelled to take.

We ask you, in the interests of justice and in the interests of the work of the State Medical Examining Board, which you have created, to vote against this amendment.

J. D. OSBORNE, President.
J. D. MITCHELL, Vice Pres.
M. E. DANIEL, Sec.-Treas.
R. O. BRASWELL, M. D.
T. J. CROWE, M. D.
J. F. BAILEY, D. O.
W. B. COLLINS, M. D.
E. P. BECTON, M. D.
J. P. RICE, M. D.

Dr. McLeod Appointed on the Board of Examiners.—Immediately upon reappointment by Governor Campbell, Dr. G. B. Foscue, of Waco, resigned from the Board of Medical Examiners, his resignation taking effect at once. To fill this vacancy, the Governor appointed Dr. Robert H. McLeod, of Palestine, Texas.

Dr. McLeod was born at Willis, Montgomery county, Texas, January 28, 1874, where his boyhood was spent and he attended the public schools. At the age of fourteen he moved to Palestine, and at the age of twenty-one entered the Medical Department of the University of Texas at Galveston, and graduated three years later in the class of 1898. On returning home, he was appointed house surgeon of the I. & G. N. R. R. hospital under Dr. W. G. Jameson, chief surgeon, which position he held three years, resigning to take up private practice. He was married November 29, 1905, to Miss Flora McElwee Bartholomew, of Palestine. They have one daughter. Dr. McLeod has been examining surgeon for the I. & G. N. R. R. at Palestine for several years. He is a member of Anderson County Society and the American Medical Association. He was formerly secretary of his county society, and is now its president.

The Anti-Vaccinationists of Fort Worth.—On account of a case of smallpox in the high school at Fort Worth, the school board decreed that every pupil who could not give evidence of a successful vaccination must be vaccinated at once or remain

from school while the order was in force. Several students who had never been vaccinated were willing to comply with the demand, and finally did so, except two, who repeatedly refused to be vaccinated and were sent home with notes to their respective parents explaining the order of the board. At this point, the anti-vaccinationists became very active, and under the leadership of a teacher in a local business college held mass meetings, resulting in the organization of the Texas Anti-Vaccination League. The object of the league was to compel the board to rescind its order and admit the students without vaccination. A lawyer was employed by the anti-vaccination element, and upon his advice the mother of one of the suspended pupils asked an injunction from the district court. A large number of local physicians were called to testify as to the safety and efficacy of vaccination and State Health Officer Brumby was called as a witness, and, with a lawyer from his department, appeared. The case was tried before Hon. Mike E. Smith. He decided that the school board acted within its jurisdiction in ordering the vaccination of the pupils as a prophylaxis against smallpox, thereby upholding the board's decree. The Anti-Vaccination League, however, is preparing to appeal the case.

Sir Frederick Treves on the Use of Radium.—As a result of a lecture delivered by Sir Frederick Treves, the eminent British surgeon, in which he illustrated some practical curative results attained by the use of radium, a British Radium Institute has been founded for carrying out research operations in connection with the application of radium to surgery. In the course of his lectures, Sir Frederick Treves recorded the specific cases in which absolute cure had been effected. He stated that radium can cure every form of nevus; will eradicate the terrible port-wine stain, which is probably one of the greatest disfigurements with which one can be afflicted, and will rid the patient of the pigmented mole and the hairy mole. A nevus the size of a gooseberry on the top of the head was completely removed. In another case a girl suffering from a large angioma on her eyelid was rid of the malady by this means, when four surgical operations had failed. Possibly the most striking case was that of a young woman who had an angioma covering practically the whole of one side of the face. Repeated operations proved abortive, but under the radium treatment success was soon achieved. These were all affections of the skin. To show that it is equally successful in other cases, a boy who had a fibrous angioma as large as a hen's egg on one arm had it completely dispersed in the course of four weeks. The successful disappearance of a solid mass of such size the surgeon described as marvelous.—*Scientific American.*

Reciprocity Licenses Issued.—Since last report—December 3, 1908—the following have secured reciprocity in Texas:

Graves, Geo. B., University of South, Sewanee, Tennessee; Virginia Board. Residence, Valentine, Texas.

Wendelken, Chas., University of Louisville, Kentucky; Kentucky Board. Residence, Weir, Texas.

Crandall, Henry F., St. Louis College of Physicians and Surgeons; Missouri State Board. Residence, Ballinger, Texas.

Smith, Wm. Hale, St. Louis University; Missouri State Board. Residence, Hondo, Texas.

Burke, Thos. G., Medical College of Alabama; Virginia State Board. Residence, Richmond, Virginia.

Snyder, Edward Henry, Cleveland College of Physicians and Surgeons; Ohio State Board. Residence, Canadian, Texas.

Feige, Carl Alfred, Hahnemann Medical College, Chicago; Illinois Board. Residence, Fort Worth, Texas.

Truitt, Crawford S., Barnes University, St. Louis; Illinois Board. Residence, Gilmer, Texas.

Herriott, E. L., University of Nashville; Illinois Board. Residence, San Antonio, Texas.

Murphy, George S., Creighton Medical College, Omaha; Illinois Board. Residence, Amarillo, Texas.

Blackwell, G. T., College of Medicine and Surgery, Chicago; Illinois Board. Residence, Gorman, Texas.

Wingo, T. B., Vanderbilt University, Medical Department; Missouri Board. Residence, Wichita Falls.

Dees, R. E., University of Maryland; Maryland Board. Residence, Norfolk, Va.

Hanson, D. T., Northwestern University Medical College; Illinois Board. Residence, Tuscola, Illinois.

Moore, Wm. B., College of Physicians and Surgeons, Baltimore; Virginia Board. Residence, Kingsville, Texas.

Frazier, Wm. Lawrence, Missouri State University, Columbia; Missouri Board. Residence, Houston, Texas.

Conner, Halstead A., Eclectic Medical Institute, Cincinnati; Ohio Board. Residence, Somerville, Ohio.

DISTRICT SOCIETIES.

FIRST AND SECOND, OR EL PASO-BIG SPRINGS DISTRICT.

The Jones County Medical Society met at Stamford, January 12th, with six members in attendance. Drs. B. B. McGee, Avoca, Aleck Spencer and R. I. Walker, both of Stamford, were elected to membership. The society pledged itself to charge fraternal insurance companies a minimum fee of $2 for examinations and old line companies a $5 flat fee. The former rates were $3 for all examinations. The following program was rendered: "*Influenza*," Dr. A. D. McReynolds, Stamford; "*Tonsillitis*," Dr. A. Spencer, Stamford. These papers were very carefully written and received many favorable comments. The discussions were general.

District Personals.—Dr. Aleck Spencer, of Temple, has removed to Stamford, limiting his practice to diseases of the eye, ear, nose and throat.

THIRD OR PANHANDLE DISTRICT.

The Third or Panhandle District Medical Society met in regular session at Memphis, Texas, January 12 and 13, 1909. The meeting was called to order by Dr. T. D. Frizzell, of Quanah, Vice President. Invocation, Rev. H. M. Frank, Memphis. Address of welcome, Hon. S. A. Bryant, Memphis. Response, Dr. H. D. Barnes, Vice-Councilor, Tulia.

Section on Practice was opened by Dr. A. J. Ball, of Quanah, chairman, and the following papers read and discussed: "*Lobar Pneumonia*," Dr. C. W. McFarling, Childress; "*Bronchitis*," Dr. J. M. Ballew, Memphis; "*Psycho-neurosis and Some Potent Causes*," Dr. J. S. Turner, Fort Worth; "*Opsonic Index and Vaccine Therapy*," Dr. Geo. T. Thomas, Amarillo.

At the close of this session those present adjourned for a banquet at the Cobb Hotel.

Section on Eye, Ear, Nose and Throat was opened by Dr. J. J. Crume of Amarillo, chairman. A paper on "*Adenoid Tissue, Its Effect and Relation to Tuberculosis*," by Dr. Albert J. Caldwell, of Amarillo, was read and freely discussed.

Section on Surgery was opened by Dr. Dickie, of Memphis, chairman, and the following papers read and discussed: "*Indications for the Medical and Surgical Treatment of Appendicitis*," Dr. H. D. Barnes, Tulia; "*A New Operation for Hernia*," Dr. W. A. Duringer, Fort Worth; "*Treatment of Wounds*," Dr. T. W. Carroll, Clarendon; "*Diagnosis, Prognosis and Treatment of Ulcerations*," Dr. T. D. Frizzell, Quanah; "*A Plea for More Study and a Better Knowledge of Surgical Pathology*," Dr. R. D. Gist, Amarillo; "*Differential Diagnosis of Gall Stones*," Dr. Bacon Saunders, Fort Worth.

Section on Obstetrics was opened by Dr. H. D. Barnes. A paper on "*Instrumental Delivery*" was read by Dr. Wardlaw, of Plainview.

The society then adjourned to hold a public meeting in the tabernacle of the Rev. Abe Mulkey. There were probably 1500 people present, and lectures were delivered by Drs. Bacon Saunders and John S. Turner, of Fort Worth, and Dr. R. D. Gist, of Amarillo.

The following were elected for the coming year: Dr. W. N. Wardlaw, Plainview, President; Dr. J. M. Ballew, Memphis, Vice-President; Dr. G. T. Thomas, Amarillo, Secretary-Treasurer.

Amarillo was selected as the next meeting place; the date of meeting was changed to the third Tuesdays and Wednesdays of January and July of each year. The society endorsed Amarillo's efforts to obtain the 1910 meeting of the State Medical Association, and each member was instructed to work for that.

The following resolution was adopted:

WHEREAS, The State Medical Association has never met north of Fort Worth, and,

WHEREAS, The physicians of North Texas and the Panhandle have attended the State Associations as much or more in proportion to members as any section of the State, therefore be it

Resolved, That this society invite the State Medical Association to meet with it in 1910 at Amarillo, "The Peerless Princess of the Plains."

The Swisher-Briscoe County Medical Society met in Tulia, February 2d, with eight members present. The following pro-

gram was presented: *"Pneumonia,"* by Dr. H. T. Clark, of Tulia; *"Acute Nephritis,"* by D. O. Jeter, of Happy; *"Gastric Ulcer,"* by Dr. C. R. Hartsook, of Tulia. All the papers were thoroughly enjoyed, especially that by Dr. Hartsook. The society requested him to present it to the Section on Medicine at the annual meeting in Galveston. The spirit of unity that exists between the physicians of these two counties made the organization of this new society possible. The next meeting will be in Tulia, March 2d, at 1 o'clock, instead of 2, as before.

FOURTH OR SAN ANGELO DISTRICT.

The Brown County Medical Society met the second Tuesday in December and elected the following officers for 1909: President, Dr. H. P. Moor, Zephyr; Vice-President, Dr. J. W. Tottenham, Brownwood; Secretary-Treasurer, Dr. E. C. Gordon, Brownwood. At the February meeting, after reading a letter from Dr. D. R. Fly, chairman of the Committee on Public Lectures, the society unanimously passed the following resolutions:

WHEREAS, The Committee on Public Instruction of the State Medical Association solicits our co-operation as a society in the dissemination of correct knowledge on preventive medicines, physiology and hygiene, and requests all such lectures to be given under the auspices of and directed by the County Society, therefore be it

Resolved, That the Brown County Medical Society heartily concurs with that view, and to that end requests its membership to conform to that practice in the future, when called on to deliver medical lectures in Brown county. Be it further

Resolved, That this society shall be the judge of the character of lectures and papers delivered on medical subjects by its members to the laity, also of the propriety of the occasion of such delivery, and the judge of whether it is in conformity to a spirit of ethics, and true science, or a veiled medium of advertising from a personal and selfish design. Such lectures should reflect and represent the society, and be thoroughly scientific.

The Tom Green County Medical Society met in December and elected the following officers for 1909: President, Dr. L. C. G. Buchanan, San Angelo; First Vice-President, Dr. A. C. DeLong, San Angelo; Second Vice-President, Dr. B. H. Rand, San Angelo; Secretary-Treasurer, Dr. J. S. Hixson, San Angelo; Delegate, Dr. E. G. Magruder, San Angelo; Alternate, Dr. B. H. Rand.

FIFTH OR SAN ANTONIO DISTRICT.

The Bexar County Medical Society met in San Antonio, February 18th, with eleven members in attendance. It was decided to pay the assessment for the protection of the public health laws. A committee was instructed to secure the State tuberculosis exhibit for San Antonio some time in March. The exhibit will be made the object of a special meeting of the society, and instructive lectures on tuberculosis will be given. The regular program was on gynecology and obstetrics. Dr. F. E. Young read an interesting paper: *"A Plea for the Recognition of Etiological Factors Versus Symptomatic Treatment of the Diseases of the Female Generative Organs."* Dr. S. Burg read one on *"A Case of Hysteria with Pathological Changes in the Uterine Appendages."* Dr. W. B. Russ reported several cases. All of the papers elicited interesting discussions.

District Personals.—Dr. Ferdinand Herff, Jr., and Miss Luey Frost, both of San Antonio, were married February 16th.

Dr. Paul Gonnerud, Professor of Operative Surgery of the Chicago Polyclinic, is visiting Drs. W. and Mary K. Robbie, of San Antonio.

SEVENTH OR AUSTIN DISTRICT.

The Williamson County Medical Society met in Georgetown February 11th, in regular quarterly session, with eleven members present. Two papers were presented: *"La Grippe,"* by Dr. J. A. Holloway, of Round Rock, and *"The General Practitioner or Family Doctor,"* by Dr. C. C. Gidney, Granger. These papers were given much interesting discussion. Dr. J. H. Petty of Taylor was elected to membership.

The Lee County Medical Society Favors a Reduced Tariff on Antitoxin.—A resolution was adopted at the December meeting of the Lee County Medical Society requesting that the State secretary confer with the other county societies to ascertain the advisability of having the State Association, at its next meeting, adopt resolutions to be presented to the proper authorities, petitioning a reduction of the tariff on antitoxin.

EIGHTH OR DEWITT DISTRICT.

The Lavaca County Medical Society met in Yoakum the 3d of February. This was a public meeting, with a program on Sanitation, especially arranged for the laity and jointly conducted by the Mothers' Club of Yoakum. There were eight physicians and about 300 visitors present. The program consisted of readings interspersed among the following papers and addresses: *"The Moral Training of Our Daughters,"* by a member of the Mothers' Club; *"Consumption, a Preventable Disease,"* by Dr. C. W. Letzerich, of Sublime; *"Tuberculosis and Its Prevention,"* Dr. J. E. Lay, of Sweet Home; *"Vaccination, the Prevention of Smallpox,"* by Dr. E. A. Evans, of Ezzelle; *"The Conveyance of Diseases and Steps Necessary for Prevention,"* by Dr. J. H. Reuss, of Cuero; *"The Common House Fly, a Carrier of Typhoid, Dysentery, Cholera and Other Intestinal Diseases,"* by Dr. Walter Shropshire, Yoakum. A question box, prepared by the students of the High School, from which questions pertaining to sanitation were answered by the physicians, was a very interesting feature of the meeting. The society will hold its next meeting in Hallettsville the second Tuesday in March.

The Matagorda County Medical Society met February 10th with eight members present. No regular program was observed. Drs. W. S. Baldwin, Palacios; A. H. Flickwir, Blessing, and Bat Smith, Bay City, were elected to membership.

NINTH OR SOUTHERN DISTRICT.

The Harris County Medical Society on January 23d heard communications from President H. W. Cummings and Dr. David R. Fly regarding bills for a State Sanatorium and a State Board of Health. A communication from Dr. J. T. Moore, Councilor of the Ninth District, was received concerning contributions to the fund for the protection of public health laws. Dr. J. W. Scott reported a case of a small abscess just below Poupart's ligament. On opening it, the odor resembled that of an appendical abscess, which he was inclined to think it was.

Dr. J. W. Graves, of Georgetown, had been invited to address the society on the subject of *"Antitoxin,"* with especial reference to the report made at the last meeting of Dr. Vaughn's views of the danger of administering a second dose after twelve days had elapsed since the administration of a primary dose. He emphasized his belief that antitoxin should be given in one large dose, and not in smaller doses at intervals of several days. Dr. Red related a case in which a child had had an immunizing dose of antitoxin about eight years ago. The child had contracted a disease that caused considerable difficulty in respiration; after it had been sick about six days antitoxin was administered, the child dying very shortly after. No Klebs-Leffler were found in smears taken from its throat or from those of other children that had been playing in the room, but no cultures were made. Dr. Murray reported a case of diphtheria followed by death. Dr. Shearer reported a case of diphtheria in which 3000, 4000, 5000 and 2000 units were given in different doses during forty-eight hours. The child progressed nicely, but died about the fifteenth day when apparently well.

Dr. S. J. Wilson then read a paper on *"Scabies."* Dr. Moore referred to the dermatitis following treatment. Dr. Parker advocated sulphur ointment. Dr. Short emphasized the use of hot water, ethereal soap, then antiseptics and a careful disinfection of the clothing.

Dr. W. W. Ralston read a short paper on *"Gonorrheal Ophthalmia,"* reporting two cases where several children in the same families were affected, with a result of loss of sight in four and recovery in two. He referred to Dr. Matas' misfortune in losing one eye and the impairment of sight in the other as a result of infection from a patient. He said one-third of the inmates of asylums for the blind are victims of this disease. He insisted on the importance of using Crede's method of instilling a 2 per cent solution of silver nitrate or argyrol 30-35 per cent solution into the eyes of all new-born babes. Dr. Graves said this was a

more important subject and meant more to the human race than most other infectious diseases. Dr. Hodges asked what per cent of all children born developed ophthalmia. Dr. Ralston replied that he did not believe argyrol as effective as silver nitrate, but it was safer for parents to use. He did not know what per cent of children born developed ophthalmia.

At the meeting on January 30th several communications were read, but action was taken on but one, that of Dr. D. R. Fly on the matter of public lectures.

Dr. A. Philo Howard read a paper on "*Some Peculiar Cases of Penumonia*," reporting three cases which seemed to be of grippal origin. The remainder of the evening was devoted to discussions of pneumonia which covered reports of cases; differential diagnosis between grippal and lobar pneumonia, their pathological conditions and treatment. Dr. Cock stated 98 per cent of cases showed pneumococci. Some cases of so-called consumption are due to chronic infection with the influenza bacillus. Dr. Mynatt advocated creosote. Dr. Maley dwelt on the different micro-organisms producing pneumonia.

At the meeting February 6th, the committee previously appointed to interview the county officials on the matter of paying for postcards to be used in reporting vital statistics deemed it inadvisable to see the officials, as they would refuse the request, and suggested that the society pay the expense of postage and sell them at cost to physicians. The report was received.

Dr. P. H. Cronin reported the delivery through the rectum of the bones of the skull and upper portion of the body of a four and one-half months fetus. The patient, a negress, had been an invalid for three years. A number of physicians had diagnosed a tumor. He considered the case an extra-uterine pregnancy of three years duration. The fetus had ulcerated through the rectum about three inches above the anus.

The Secretary read an abstract on Dr. V. C. Vaughn's (Ann Arbor, Mich.) paper, "*Effects of Egg-white and Its Split Products on Animals.*" The abstract thoroughly discussed the administration of anti-diphtheria serum. Several physicians reported cases in which they either had had bad effects following the secondary doses, or had not observed such effects. The most practical feature was that several were in favor of following Dr. Vaughn's suggestion, and when an interval of ten or more days had elapsed since the administration of a previous dose of antitoxin to first inject a small dose, not to exceed 1 c.c., and then wait half an hour or an hour and then as much antitoxin can be administered as is necessary. Dr. E. F. Cooke read a short paper on the "*Physician's Assistant*," in which he referred to the value of the microscope to the general practitioner. Dr. O. L. Norsworthy brought up the question of isolation of infectious and contagious diseases, and offered the following resolutions:

"1. That the Harris County Medical Society pledge its influence individually and collectively to the enforcement of the law relating to the reporting and isolation of infectious diseases.

"2. Each member of the County Society shall make it an individual duty to trace out and report cases of failure to comply with the law.

"3. That the Secretary shall mail a copy of these resolutions of the city health officer, and request him to mail a copy of them and also a copy of the laws and ordinances relating to infectious diseases to each and every registered physician in Harris county."

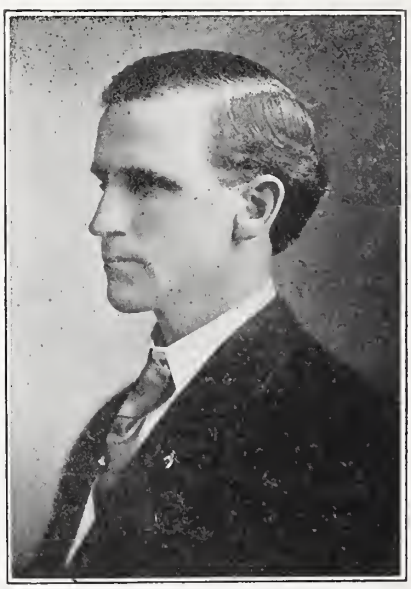
The motion was carried after some discussion. Captain Ralston, a member of the Thirty-first Legislature, asked for the society's opinion of the State Board of Health bill and a bill to be introduced exempting graduates of the Medical Department of the State University from State Board examinations. The society had already endorsed the Board of Health bill and the discussion turned on the second question. A motion was carried: "That this society is opposed to the exemption of any person or body of persons from the examinations required by the present One Board Medical Law," opposed by only one dissenting vote.

ELEVENTH OR EASTERN DISTRICT.

The Leon County Medical Society recently elected the following officers for 1909: President, Dr. W. T. Evans, Jewett; Vice-President, Dr. D. W. Montgomery, Concord; Secretary-Treasurer, Dr. W. H. Seale, Marquez; Committee on Public Health and Legislation, Drs. S. R. Burroughs, D. Price and H. H. Thompson; Censors, Drs. Joe Rodgers, D. Price and J. E. Payne; Delegate, Dr. Jno. H. Joyce; Alternate, Dr. E. O. Boggs. The next meeting, the thirteenth semi-annual session, will be held at Buffalo on April 6th. The following excellent program has been announced: Paper, "*Persistent Uterine Hemorrhage Following Abortion*," Dr. E. C. Turner; lecture, "*Valvular Disease of the Heart*," Dr. Sam R. Burroughs; lecture, "*Abdominal Tumors*," Dr. J. E. Payne; paper, "*Bronchitis, Diagnosis and Treatment*," Dr. Joe Rogers; paper, "*Hydrocele; Its Diagnosis and Treatment*," Dr. Don Price; subject to be selected, Dr. E. P. Powell; paper, "*Puerperal Eclampsia*," Dr. E. O. Boggs; subject to be selected, Dr. S. M. Brown; subject to be selected, Dr. Z. J. Sprueill; paper, "*From What Source Doctors Obtain or Acquire Greatest Inspiration*," Dr. W. F. Taylor. The welcome address will be delivered by Dr. John H. Joyce, who will also be critic for the meeting. Dr. J. E. Payne will respond to the address of welcome. It is hoped that every doctor will be present, and visiting physicians are especially welcome. President H. W. Cummings will be present on this occasion.

TWELFTH OR CENTRAL DISTRICT.

The Central Texas District Medical Society met in Waco, January 12 and 13, 1909. The meeting was called to order in the Business Men's Club by the Chairman of the Arrangement Committee, Dr. M. B. Saunders of Waco. Invocation by Rev. E. A. Temple, Waco. In order to dispatch work more rapidly the usual program of welcome addresses was dispensed with, and after the reading and adoption of the minutes of the previous meeting and a few remarks by the Chairman of the Arrangement Committee, the section work was taken up. Section of General Medicine was first discussed. The chairman of that section being absent, Dr. O. I. Halbert, secretary of the section, presided, and the following papers were discussed, towit: "*Report of a Case of Chronic Interstitial Nephritis with Death from Uremia*," by Dr. S. B. Kirkpatriek,



DR. M. P. McELHANNON, OF BELTON,
The recently elected President of the Central Texas District Medical Association.

Waco. "*The One Universally Applicable Diagnostic Test for Tuberculosis and the Three Fundamental Factors in Its Treatment*," by Dr. Boyd Cornick, San Angelo. "*Some Remarks on Malarial Fever; Report of a Case*," by Dr. J. A. Tate, Ennis. "*Electricity in General Medicine*," by Dr. J. M. Martin, Dallas. "*Chorea*," by Dr. J. F. Ford, Decatur. "*Malarial Hematuria and Hemoglobinuria*," by Dr. A. S. Epperson, Cameron. "*Treatment of Amebic Infection*," by Dr. M. B. Saunders, Waco.

SECTION OF EAR, EYE, NOSE AND THROAT.—The chairman, Dr. A. B. Crain, Belton, being absent, the secretary, Dr. D. L. Bettison, Cleburne, presided, and the following papers were read: "*Tuberculosis of the Larynx*," by Dr. E. H. Cary, Dallas; "*Complications of Suppurative Otitis Media*," by Dr. Don-

ald Atkinson, Dallas; *"What Should be the Fees for Some of the Most Common Speeial Operations?"* by Dr. H. B. Decherd, Dallas; *"Malarial Blindness,"* by Dr. J. S. Davis, Blooming Grove.

Section of Gynecology and Obstetrics.—Dr. W. E. Sturgis, Stephenville, chairman; Dr. J. S. McCelvey, Temple, secretary, absent. The following papers were read: *Chairman's Address*, by Dr. W. E. Sturgis, Stephenville; *"Report of an Interesting Gynceological Case,"* by Dr. J. M. McCutchan, Waco; *"Puerperal Fever,"* by Dr. H. E. Connelly, Eddy; *"The Relation Between Some Perineal Laecerations and the Neurosthenic State,"* by Dr. H. M. Johns, Waco.

Section of Surgery.—Dr. William Yater, chairman; Dr. Frank Connelly, secretary. Both officers were present. The following papers were read: *"Aneurism of the Aseending Aorta, with Report of Two Cases,"* by Dr. G. B. Fosque, Waco; *"Gunshot Wound of the Abdomen, with the Report of a Case,"* by Dr. J. W. Hale, Waco; *"Surgical Aspect of Kidney Lesions, Ineluding Diagnosis,"* by Dr. I. L. McGlasson, Waco; *"What I Have Seen in Baltimore,"* by Dr. H. K. Ainsworth, Waco. Following each of these papers was a general discussion of the subject, and it was the consensus of opinion of those present tbat the personnel of the program, the character of the papers, and the interesting discussions have never been better in the history of the Central Texas District Medical Society. All of the members enjoyed the papers; they were profitable, instructive and enlightening to all present. On Tuesday night at 8:30 o'clock, the retiring president, Dr. W. A. Wood, of Hubbard City, delivered his annual address, in which he gave an interesting history of the Central Texas District Medical Society and paid a glowing tribute of respect to the living and to the dead ex-presidents. This address will long be remembered by those present, as it was very mueh enjoyed by all. He has won the hearts of the members of the society by his genial disposition, frankness and close attention to business. In every particular his administration as president is considered a great success by all the members. Throughout the latter part of the first day's session the society enjoyed a visit from the majority of the Board of Councilors of the State Medical Association, and at this time there was a general discussion upon the subject of division of fees, etc., as is being agitated by certain men in the State. Several members of the Board of Councilors took part in this general discussion. This question is being agitated by men in certain sections, and it seemed to be the consensus of opinion of those present, ineluding the Board of Councilors, that these methods as agitated by these certain surgeons in the State should be frowned down, and under no circumstances encouraged or countenanced by the medical profession of Texas. After the discussion was over, which was indulged in alike by the general practitioner and the surgeon, the president called up the annual election of officers, and the following officers were elected: Dr. M. P. McElhannon, Belton, President; Dr. William Yater, Cleburne, Secretary.

Marlin, Texas, was selected as the place of meeting and the president announced the following appointments:

For the Section of Practice.—Dr. W. H. Allen, Marlin, chairman; Dr. J. W. Gidney, West, Secretary.

Section of Ear, Eye, Nose, and Throat.—Dr. W. R. Washburn, Cleburne, chairman; Dr. B. L. Scott, Waco, Secretary.

Section of Gynecology and Obstetrics.—Dr. R. R. White, Temple, chairman; Dr. A. O. Cragwall, Stephenville, secretary.

Section of Surgery.—Dr. R. B. Sellers, Comanche, chairman; Dr. R. J. Alexander, Waco, secretary.

At the close of the second day, the society, by a rising vote, extended their thanks to the McLennan County Medical Society and to the physicians of Waco for the cordial reception, entertainment and hospitality during their stay. The meeting adjourned to meet in Marlin, Texas, the second Tuesday and Wednesday in July, 1909.

The McLennan County Medical Society met in regular session on the evening of January 5th. Fifteen members were present. The program consisted of discussions on the *"Use and Abuse of Mereury."* The Secretary, Dr. J. R. Terrell, reported $31 collected for the protection of the public health laws. The meeting was a very interesting and instructive one.

At the February meeting the members reported interesting cases from a therapeutic standpoint. The President, Dr. M. B. Saunders, and the Secretary, Dr. J. R. Ferrell, issued circular letters to all of their members urging them to write their Senator and Representatives to support the Board of Health bill and the Tuberculosis Sanatorium bill. After the society adjourned, the members were tendered a banquet by Mr. C. W. McKennon, of the Provident Drug Company.

The Erath County Medical Society met in Dublin February 10, 1909, with six members present. The following program was rendered: Dr. T. J. Laird, of Purvis, Texas, read an excellent paper on *"Scarlet Fever,"* which was discussed by all present. Dr. T. F. Bryan, of Dublin, reported a clinical case of gunshot wound of the brain, which was freely discussed.

District Personals.—Dr. J. W. Cox, of Groesbeck, lost his home by fire, February 10th. He carried insurance amounting to $1500.

THIRTEENTH OR NORTHWESTERN DISTRICT.

The Jack County Medical Society met at Jacksboro, February 18th, and organized a society with ten members. The following officers were elected: Dr. L. A. Winstead, Jeanette, President; Dr. J. W. McComb, Jacksboro, Vice-President; Dr. T. C. McCloud, Bryson, Secretary-Treasurer. Dr. Wood, of Gibtown; Dr. Ledbetter, of Post Oak, and Dr. Phipps, of Cundiff, were elected a Board of Censors. Dr. T. C. McCloud, of Bryson, was elected Delegate to the State Medical Association. The following members were enrolled: Dr. G. B. Wade, Dr. F. G. Huckabay, Dr. J. W. McCombs, Dr. L. A. Winstead, Dr. F. A. Ledbetter, Dr. Phipps, Dr. Wood, Dr. Hilburn, Dr. Ben L. McCloud and Dr. T. C. McCloud. Dr. David R. Fly, Councilor, was present and offered some very valuable suggestions regarding organization. The society will meet the third Thursday in each month.

FOURTEENTH OR NORTHERN DISTRICT.

The Tarrant County Medical Society.—The February meeting of the Tarrant County Medical Society convened on the 8th, opened by a demonstration of methods of forceps delivery on the manikin, by Dr. G. V. Morton. Dr. W. B. McKnight, of Mansfield, reported a case of purpura hemorrhagica. Dr. Roy Dunlap presented a paper advocating somnoform as an ideal anesthetic for operations of short duration. He stated that it was 65 per cent ethyl-chlorid and the remainder ethyl-bromid and methyl-chlorid. It had been prepared to meet the needs of the dental profession, but was found useful in a physician's office for operations of short duration. He claimed it was the safest of anesthetics, as only three deaths had occurred in a million administrations, and these the result of deception. Somnoform is given by the use of a special inhaler, and comes usually in three and five cubic centimeter tubes, which quantity is sufficient for the production of brief anesthesia. He has used somnoform 300 times.

Dr. F. D. Boyd said that it was very satisfactory. Dr. Dunlap had used it in his work with great success, and he would not do without it. The older he got, the more careful he was not to inflict pain. He thought it was a good business point to do painless work. Somnoform had one great advantage over nitrous oxid, the patient looks natural, and does not alarm the family by an unnatural blue appearance.

Dr. F. D. Thompson has used it for two years in minor operations, and thought it especially useful in half grown children who were naturally much excited and difficult to give a general anesthetic. He has used it principally to allay this initial excitement when giving ether and chloroform.

Dr. E. D. Capps said it was used formerly at the Protestant Sanitarium, but is now used much less. Thinks it is no safer but better than laughing gas, as this latter agent produces a blood stasis and dark appearance of the patient, and is followed by more hemorrhage.

Dr. J. A. Gracey had seen it used, and was impressed with the necessity of cautious and gradual beginning of the anesthesia, making use of suggestion to quiet the patient; the same precautions being urged in the administration of other anesthetics.

Dr. I. C. Chase questioned the statements of the safety of the agent and referred to the published statistics of the high mortality following administration of ethyl-chlorid; asked concerning the authenticity of the three reported deaths in a million; asked for an explanation of what was meant by saying these deaths occurred from deception.

Dr. K. H. Beall related the experience of somnoform introduction into Johns Hopkins when an expert administrator, who had for some years been beginning his anesthetic with

somnoform, came to instruct the anesthetists at Johns Hopkins, and at his first anesthesia death was narrowly averted. This discouraged its introduction.

Dr. C. H. Harris said that three years ago he noticed that it was used as a preliminary to ether anesthesia in all of the hospitals visited. Last year it had been discontinued in them all.

Dr. F. C. Beall asked how long somnoform anesthesia could be safely continued.

Dr. W. R. Thompson had frequently used it, but was using it less and less. Does not know whether he uses it correctly or not, but is always troubled with great rigidity, resistance and uproar on the part of the patient, although the patient seems not to remember suffering any pain. The anesthesia is also too short for most work done by the eye, ear, nose and throat specialists. He advocated careful administration of ether, giving better opportunities for more thorough work.

Dr. W. G. Cook has carefully watched the pulse, and in his opinion the agent is not noticeably a cardiac depressant; has seen it successfully administered to some chronic alcoholics.

Dr. L. A. Barber asked about the preparation and cost of administration.

Dr. Dunlap, closing the discussion, said that the deception mentioned in connection with the statistics in one case consisted of a woman having a full stomach when she said she had not eaten, and during the nausea following inhaling the stomach contents resulted in death. In the second case, unknown to the operator a large dose of morphin had preceded the administration of somnoform, death resulting. In the third case no cause was given. He admitted these cases and statistics were taken from the statements of the manufacturers. He did not know how somnoform differed from ethyl-chlorid in physiologieal effect, but knew that it did. To save money, he once procured a supply of ethyl-chlorid. Its administration was followed by so much excitement and hallucination, unknown in somnoform anesthesia, that the method was abandoned. The outfit costs $18. Tubes cost $2.50 for 3 c.c. and $2.75 for 5 c.c. per dozen. The longest administration he had noted in the literature was eight minutes, although in dogs it had been successful for thirty and forty-five minutes. Complete anesthesia he had found to be indicated when heavy deep breathing becomes evident.

Th county health officer, Dr. R. B. West, urged a better report of births and deaths. A committee was appointed to confer with the commissioners to secure blanks for the report of contagious diseases. The committee consisted of Drs. West, Capps and McKnight. A resolution was passed petitioning the Representatives and Senators to vote against the students' exemption bill as calculated to establish two standards for medical practice, to destroy the growth of medical instruction not supported by State taxation, and prejudicial to the interests of the medical profession in many ways, especially as annulling the reciprocity arrangements now consummated with other States.

The Hunt County Medical Society met in Greenville, February 9th. Nineteen members were present. After the adoption of the minutes of the previous meeting, Dr. F. B. Shuford, of Wolfe City, was received as a regular member. A communication from Dr. D. R. Fly, chairman of the Committee on Public Instruction, was read by the secretary, and after discussion, the secretary was instructed to invite Dr. Fly to lecture in the city at the time of their public meeting. They decided to confer with the county commissioners with the view of obtaining a small allowance to pay postage for the collection of vital statistics, in compliance with the plan promulgated by State Health Officer Brumby. The secretary was instructed to write a letter to each of the legislators, advising them of the society's objection against any change in the State medical law which would allow any one to practice medicine in any line or by any method without passing the prescribed examination of the State Examining Board; and especially recommend that they oppose the bill pending before the Legislature exempting Galveston graduates from examination. The legislators were also asked to oppose the McCallum optometry bill on the ground that it is pernicious legislation and contrary to the spirit of our medical practice act, because a mechanical trade seeks to practice medicine under State regulation without having complied with the requirements of medical training. A committee composed of Drs. A. N. Gray, T. B. Spaulding and A. C. Prather was appointed to bring before the next meeting a report showing the physician's interest in the betterment of public roads. Dr. J. R. Nichols read a paper on *"Refraction."* which was discussed with interest. Dr. Morrow was to have read a paper but it was voted to hold it over until the next meeting.

The Collin County Medical Society met in McKinney February 2d, with twelve in attendance. Dr. R. P. Ray, of Copeville, was elected to membership. The program was as follows: *"Unity in the Profession,"* Dr. W. G. Harris, Plano; *"Pneumonia; Its Pathology and Treatment,"* Dr. J. D. Burton, Farmersville; *"Gruber-Widal Reaction in Typhoid Fever,"* Dr. A. F. Beverly, McKinney; *"Care and Management of Tuberculous Patients,"* Dr. J. C. Erwin, McKinney. The papers were interesting and showed care in writing.

The Grayson County Medical Society met in Sherman February 2d. Eighteen members were present. The program was as follows: *"Our Duty to Infants,"* Dr. G. W. Baskett, Van Alstyne; *"Broncho-Pneumonia,"* Dr. R. B. Anderson, Sherman. All present took part in the discussion of *"New Things in 1908."* Mrs. Dr. Phillips, of Plano, visited the meeting and explained her lecture to the public on the *"Crusade Against Tuberculosis."*

The Hopkins County Medical Society met in Sulphur Springs February 3d, with ten members present. The society endorsed the bill for a State Board of Health and a State sanatorium for tuberculosis. By request of the society, the secretary, Dr. W. C. Stirling, wrote the Senator and two Representatives for Hopkins county to support these two bills. The regular program consisted of two papers, but the writers were unable to be present.

The Rockwall County Medical Society met in Rockwall February 2d, with ten members present. The entire time was devoted to a business meeting. The society, as a whole, resolved to do better work in the future than in the past. The chair appointed three members to prepare papers to be read at the next meeting, and if approved, be published in the leading papers of the county. The subjects are to be on some preventable diseases.

The Wise County Medical Society met January 19th at Decatur, with twenty-three members present. The question of fees was discussed, and a schedule adopted, provided 75 per cent of the physicians in the county sign the agreement. The names and addresses of the new members elected at this meeting are: Dr. R. T. Foster, Boonesville; Dr. J. T. Sparkman, Alvord; Dr. D. M. Spees, Slidell, and Dr. W. C. Huddleston, Crofton. The local members of Decatur tendered the visiting members a banquet. Dr. J. A. Embry acted as toastmaster. Dr. Bacon Saunders, of Fort Worth, made an interesting talk on *"Optimism."* The society will meet the third Tuesday in February at Alvord.

The Lamar County Medical Society met in Paris, February 4th, with twenty-one members and six visitors. The committee previously appointed to raise money for the protection of the public health laws reported $7.30 collected. The public health and legislative committee consists of the following: Drs. A. H. Lindsay, W. W. Fitzpatrick and M. A. Walker. The program consisted of two papers: *"Hyperemia,"* Dr. W. W. Fitzpatrick, Paris, and *"Tooth Atrophy,"* Dr. B. F. Thielen, D. D. S., Paris. The meeting was an unusually good one, the attendance large, and the papers well discussed. The secretary, Dr. Hooks, was instructed to write the Senator and Representatives urging them to support the Board of Health bill on behalf of the society.

The Denton County Medical Society met February 1st, at Denton, with an attendance of thirteen. The following program was rendered: Dr. F. U. Painter reported a case of *Neurasthenia;* Dr. J. A. Saunders reported a case of *Diphtheria* and one of *Meningitis;* Dr. M. C. McBride reported a case of *Malarial Hematuria;* Dr. J. L. Hooper read a paper on *"Typhoid Fever";* an interesting letter was read by Dr. Kimbrough, the secretary, from Dr. D. F. Kirkpatrick, who is attending the Post-Graduate Medical School of Chicago. Dr. Kimbrough presented a paper on *"Headache."* He also reported a case of detachment of normally attached placenta.

The Fannin County Medical Society met in Bonham, February 11th. Fourteen members were present. Papers were read by Drs. J. S. Black, J. E. Nevill and H. A. McDaniel. These were discussed by the society. Clinical cases were reported by Drs. Vaughn, Leemon, Lewallen and McDaniel. Dr. Minnie O. Parrish, of Trenton, was elected to membership.

The Van Zandt County Medical Society met at Wills Point, February 5th, with ten members present. Drs. J. Nichols

and J. M. Neal, both of Dallas, were welcome visitors. Dr. Nichols read an excellent paper on *"The Lymphatic Ring."* Dr. Neal made an interesting talk on *"Operation for Uterine Fibroids."* Dr. E. S. Collier presented a carefully written paper on *"Proprietary Medicine."* Dr. J. R. Maxfield, of Grand Saline, read a paper on *"Membranous Croup,"* which was well received. The meeting was an unusually interesting and profitable one. Dr. M. H. Eckols, of Wills Point, was elected to membership.

District Personals.—Dr. A. F. Beverly, of McKinney, has recently accepted a place on the staff of physicians at the State Lunatic Asylum at Austin.

Dr. Fred A. Haggard, of North Fort Worth, has removed his offices and clinical laboratory to the Victoria Building, Fort Worth.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Cass County Medical Society met in Atlanta, February 3d, with good attendance. Several visiting physicians were also present. Councilor Taylor was present and addressed the society at length. A general discussion followed the address, consuming the remaining time.

The Franklin County Medical Society met in Mt. Vernon, February 10th, with but two absentees. The time of the meeting was given over to the address of Councilor Taylor, and to its discussion by the members present.

The Gregg County Medical Society met in Longview, February 2d, with almost the entire membership present. The meeting was given over entirely to Councilor Taylor, who consumed the time in an extended address. Many of the points raised were discussed by the members present.

The Harrison County Medical Society met in Marshall, February 2d, with a very good attendance. There being no special papers or subjects for discussion, the time was given to a general discussion of medical matters, ethical, scientific and material. Several cases of scarlet fever were reported in the county, all of which were under strict quarantine.

The Marion County Medical Society met in Jefferson, January 27th, with all members in attendance except one. Councilor Taylor was present and delivered his annual address. Aside from routine business, no additional program was rendered.

The Titus County Medical Society met in Mt. Pleasant, February 9th. Councilor Taylor was present and addressed the society at length. A general discussion of the issues touched upon was had, nearly all present participating. No program or other business was attempted.

The Upshur County Medical Society met in Gilmer, February 13th, with a fair attendance. Drs. C. S. Truitt of Lafayette, and B. T. Bryant, of Pritchett, were elected to membership. Dr. A. S. Pollock of Big Sandy read a paper on *"Pernicious Malarial Fever,"* which was well received and freely discussed.

District Personals.—Married, January 20th, at Marshall, Dr. J. A. Moore and Miss Mamie Merzbaeher, both of Marshall. Dr. Moore is chief surgeon of the Texas & Pacific Railroad, and has resided in Marshall for a number of years, where he is quite popular. Miss Merzbacher is a leader of Marshall society, and is of one of the oldest and most respected families in the city. They are at home at the family residence of the bride.

Dr. R. E. Burrus, of Mt. Pleasant, is in Chicago attending lectures.

Dr. J. V. Dozier, of Winfield, has moved to Menardville, Menard county, Texas.

Dr. W. J. Matthews, of Mt. Pleasant, is attending Polyclinic in New Orleans.

Dr. W. R. K. Johnson, of Mt. Pleasant, has moved to Eli, Hall county.

Dr. B. T. Bryant, of Tyler, has located at Pritchett, Upshur county.

Dr. R. C. Hall, of Marshall, made a professional visit to Texarkana recently.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM JANUARY 20TH TO FEBRUARY 15, 1909.

W. R. K. Johnson, from Hagansport to Eli.
E. C. Foster, from Whitt to Oran.
C. E. Alexander, from Wells to Pollock.
L. P. Tenney, from Stoneburg to Henrietta.
W. O. Curlee, from Ector to Van Alstyne.
P. C. Bailey, from Manchester to Powderly.
R. B. Hudson, from Coupland to Elgin.
A. G. Person, from Snyder to Uvalde.
J. J. Blanton, from Johnson City to Buda.
S. W. Lytal, from Glen Allen, Ala., to Quinlan, Texas.
J. T. Valliant, from Youngsport to Killeen.
A. G. Heaney, from Corpus Christi to San Antonio.
G. L. Bolton, from Slocum to Augusta.
W. O. Funderburk, from Cayuga to Dallas.
A. J. Mynatt, from Liberty to Houston
J. Duff Brown, Jr., from Stephenville to Mineral Wells.
H. F. Phillips, from Big Springs to Washington, D. C.
W. E. Womack, from Hermitage, Ark., to Texarkana, Texas.
J. Woolsey, from Nixon to San Antonio.
R. M. Prather, from Vernon to Beeville.
O. N. Mayo, from McDade to Elgin.
A. L. Brown, from Upton to Cistern.
C. T. Bradford, from Cooper to Fort Worth.
J. P. Whorsham, from Kingwillow to Emhouse.
H. C. Eckhardt, from Nordheim to Gonzales.
D. S. Stone, from San Marcos to Junction.
F. G. Walters, from Laredo to Seguin.
F. W. Handers, from Beaumont to Galveston.
J. A. Gibson, from Beaumont to Llano.
R. C. Black, from Itasca to Avinger.
F. C. Green, from Oglesby to Osage.

NEW TEXAS MEMBERS OF THE A. M. A. FOR JANUARY.

Currie, James D., Paluxy.
Davis, R. L., Princeton.
Fuller, T. E., Texarkana.
Lanham, H. M., Waco.
Morton, G. V., Fort Worth.
Naylor, S. D., Stephenville.
Weeks, W. R., El Paso.
Wiesh, Moses, El Paso.

DEATHS.

Dr. L. J. Turner, a retired physician of Rockdale, died January 30th. He was born in Charleston, South Carolina, in April, 1839. His medical education was obtained at the Augusta Medical College of Augusta, Georgia, where he graduated. Then coming to Texas, he located in Washington county, where he practiced for only a short while. He then removed to Milam county and located eight miles north of Rockdale, where he did a large practice for nearly thirty years. In 1893, he retired from active work, and removed to Rockdale. His eldest son, Dr. Ira Turner, died a few years ago at Rockdale. He is survived by his wife, two sons and a daughter. Dr. Turner made many friends, who will miss his genial ways and kindly counsel.

Dr. William R. Briscoe, of Arthur City, died January 29, 1909, at the home of his son-in-law near Direct. Dr. Briscoe was born in Dublin, Ireland, and received his literary and medical education from Clinton College in his native country, graduating in 1859. He served in the Union Army during the Civil War, and received wounds from which he never fully recovered. He practiced in Cooper, Delta county, two years, in Direct for twenty-five years, and came to Arthur City in 1904, where he practiced until his death. He has been affiliated with his State and county societies for a number of years. His father was an early settler in Texas, and Briscoe county, in the Panhandle, was named for him. He was of a genial disposition, charitable to all, and numbered his friends by the score.

Dr. J. H. McCaleb, of Gonzales, died of appendicitis in San Antonio, February 3, 1909. He was born in Montgomery county, Texas, June 7, 1862. He graduated from the Sam Houston Normal in 1881, and in 1888 graduated in medicine from Tulane University, New Orleans. He began to practice in 1886 at Webberville and continued there until 1898, when he removed to Lampasas and practiced there the following year. In 1900 he located in Gonzales, and remained there until his death. He was a very active worker in his county society, of which he was president, and will be greatly missed. His genial disposition, sincerity of purpose and faithful discharge of duties made his many friends value him both as a citizen and as a physician. He leaves a widow and three children. His remains were buried in Gonzales with Masonic honors.

Dr. B. B. Petit, of Oklahoma City, Oklahoma, died at Fort Worth, Texas, on January 27th, from burns received in a hotel fire. He graduated at the age of 22 from the Hahneman School of Medicine in 1875, and began to practice in Coloma, Michigan. He also held a diploma from the Ohio Homeopathic Medical College. He practiced in a number of States, but principally in Texas and Oklahoma. At one time he held the chair of Surgery at the Miami College, of Cincinnati. He did a large charity practice in addition to his regular work. He was a true, noble man, always interested in whatever would tend to uplift humanity. He was a widower, 56 years of age, and is survived by a brother.

Dr. John Samuel Brownlee, of Burnet, Texas, died at his home, February 8. 1909. He was born of well-to-do parents, November 9, 1852, in Cedar county, Missouri. His ancestry could be traced in a direct line to Robert Bruce and the historical Allan family. He was left an orphan at an early age, and came with relatives and a few old slaves to Texas during the Civil War. After the hostilities ended, he returned to Missouri, sold his property, and went to college, spending three years in Caine Hill College in Arkansas. Lacking only five months of taking his bachelor's degree, he was forced to leave school on account of no funds. He taught school in the northern part of Missouri; then began to study medicine in the office of an old physician, who gave him the use of his library. He continued his medical studies in this way for three years, and went to Keokuk, Iowa, to school, but owing to ill health left there and returned to Texas. He taught school for three years in Hill county, and then resumed his medical studies in Missouri. He received a certificate to practice medicine in this State about 1878, and located at Burnet. In 1882 he married Miss Libbie McDonald, of Burnet. Later he returned to commercial life, in which he prospered. His wife died soon after this, leaving one child. Three years later he married Miss May Delpha Banford, of Keatchie, La., who, with four children, survive him. Dr. Brownlee attended lectures at Tulane University in New Orleans, and graduated in 1889 from the Missouri Medical College of St. Louis. He returned to Burnet, where he became very successful and built up a large practice. For two terms of four years each he was a member of his district examining board, and for fifteen years was county health officer of Burnet county, having been re-elected on the day of his death. He was greatly interested in organized medicine and was president of his county medical society for a number of years. Largely through his untiring efforts as a trustee and citizen, Burnet has been able to support her public schools, apart from the little received from the State. He was also a director of the First National Bank of Burnet. He was public-spirited without being pretentious; known for his purity and sincerity, and for his conscientious regard for professional ethics. The expressions of esteem given him before his death show the appreciation his numerous friends had for his life and character.

Dr. W. W. Lunn, of Houston, died at his private sanitarium February 24, 1909, as a result of infection from an operation. He was 63 years old, and was born in Woodville, Mississippi, September 29, 1846. In 1851 his parents moved to Matagorda county, Texas. In 1870 he married Miss Annie Williams, daughter of Thomas Williams, who came to that county before Stephen F. Austin. His medical education was received from Jefferson Medical College at Philadelphia, and Tulane University at New Orleans, where he graduated in 1880. In 1875 Dr. Lunn began the practice of medicine in La Grange, where he lived until 1896, when he removed to Houston, where he established a private sanitarium and built up a large practice. Recently he assisted in establishing the Texas Christian Sanitarium at Houston. Besides his wife, he is survived by two sons, Dr. Edwin D. Lunn and T. B. Lunn, both of Houston. He was buried at La Grange.

BOOK REVIEWS.

Arteriosclerosis. By Louis M. Warfield, A. B., M. D., Instructor in Medicine, Washington University, Medical Department. Introduction by W. S. Thayer, M. D., Professor of Clinical Medicine, Johns Hopkins University. Cloth. Pp. 165, with illustrations. Price $2.00. C. V. Mosby Medical Book Company, St. Louis. 1908.

In writing this monograph an attempt was made to give the general practitioner a readable and authoritative essay on a disease which is peculiarly a product of modern civilization. Special stress is laid on the prevention rather than the treatment of the fully developed disease, as the book is not intended to be used for reference, but as a guide to a better appreciation of the subject, and contains no bibliography. In it, arteriosclerosis is considered as a disease rather than as a symptom. The opening chapter is devoted to the anatomy of the arteries, veins and capillaries, followed by a brief chapter giving the chief points in the physiology of the circulation that have a special bearing on the disease under discussion. Probably the most valuable chapter is the one devoted to pathology, which is very complete. The latter chapters are devoted to treatment and contain many practical suggestions.

The Campaign Against Tuberculosis in the United States. —Compiled by Philip P. Jacobs, under the direction of the National Association for the Study and Prevention of Tuberculosis. Cloth. Pp. 467. Price $1.00, Charities Publication Committee, 105 E. 22d Street, New York.

This volume is the first of a series of books to be published by the Charities Publication Committee acting for the Russell Sage Foundation for the Improvement of Social Conditions. The introduction is written by Dr. Livingston Farrand, executive secretary of the National Association for Study and Prevention of Tuberculosis. The development of the anti-tuberculosis activity in the United States during the past ten years has been so rapid and the extension of its field so varied that the need of a comprehensive survey of the work is obvious. The present volume includes a revision of the "Directory of Institutions Dealing With Tuberculosis," issued in 1904. Every effort has been made to exclude all private sanatoria of undesirable character. The two hundred fifty special sanatoria, hospitals and day camps in the different States and Canada are arranged alphabetically according to States, with a brief sketch of each, describing the location, surroundings and character of the building. A list of hospitals for the insane making special provision for their tuberculous patients is given, followed by penal institutions that make special provisions for tuberculous inmates. An effort was made to list every State hospital and prison which provides for its tuberculous patients or inmates in special wards, tents, pavilions, etc. The marked benefits derived from the outdoor treatment of the insane and of criminals have led to a large increase in these special institutions. The section on dispensaries and clinics for special treatment in the different States is very complete. An interesting chapter on the class method of treating the disease shows the growth of such organization. The latter sections contain a list of associations and committees for the study and prevention of the disease, the typical forms of the organizations, and where obtainable, information on the activities of the various societies. This is done with the object of suggesting new features of work that have proven successful. A comprehensive outline of the work done by the different State Legislatures in passing laws affecting tuberculosis, and the activities of State health departments is given. This is followed by State and municipal laws relating to the care and prevention of the disease. The appendix contains valuable charts and tables showing growth of the anti-tuberculosis movement. The book contains a complete index. The price is $1.00, actual cost, for the sole reason that its publication is to help in the world-wide movement for the prevention of tuberculosis.

Medical Inspection of Schools. By Luther H. Gulick, M. D., Director of Physical Training, New York Public Schools, and Leonard P. Ayres, General Superintendent of Schools of Porto Rico, 1906-1908. Published by the Charities Publication Committee, 105 East Twenty-second Street, New York. Price, postpaid, $1.00.

This is the second volume published by the Charities Publication Committee acting under the Russell Sage Foundation. The work is valuable for physicians, teachers, parents and school boards. The book is of peculiar interest to Texas at the present time, for the reason that we have no systematic medical inspection of our public schools. This is a movement which has progressed rapidly and widely; sources of definite information are few. The importance and value of this work in this, as well as in foreign countries, will be more appreciated and better understood by a perusal of this volume. Any physician interested in public school inspection should secure a copy. It would be well if school boards were provided with the work.

Texas State Journal of Medicine

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A JOURNAL DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION AND PUBLIC HEALTH OF TEXAS.

The Galveston Meeting.—A glance at the program of the Forty-first Annual Meeting of the State Medical Association of Texas, printed in this issue, will serve to show the scientific promise of the meeting. The following prominent guests from other States there appear: Dr. C. H. Mayo, Rochester, Minn.; Dr. Joseph Collins, New York City; Dr. T. W. Hastings, New York City; Dr. John D. Richards, New York City; Dr. Emil G. Beck, Chicago; Dr. Isadore Dyer, New Orleans; Dr. Roy M. Van Wart, New Orleans; Dr. E. Denegre Martin, New Orleans; Dr. S. P. Delaup, New Orleans; Dr. M. Smith, Oklahoma City. The Galveston County Medical Society has planned to provide everything possible to make the occasion profitable and pleasant. The place of meeting will be especially advantageous for the best scientific work. The two amphitheaters at either end of the second floor of the Medical Building of the University of Texas will be occupied by sections. Easy and quick passage from one hall to the other will enable the distinguished visitors and most valuable papers to be heard by all. The hall for the exhibitors will be on the same floor between the amphitheaters, easy of access and far enough removed to avoid disturbing the scientific work. The hall for the House of Delegates will be located in the same building. The registration office will be opened in the Tremont Hotel, down town, so that members on arriving may register and secure badges before going to section work. Galveston is not only beautifully located on the Gulf, providing the pleasures of sea bathing, boating, fishing and variety of sea food, but the truly Herculean work of raising the grade of the city and the architectural magnitude of its protective sea wall all insure that a visit to the city will be one of pleasure, interest and education. Galveston is very accessible, and special trains from Dallas and Fort Worth will increase the ease and pleasure of transportation. Corpus Christi now holds the banner for the number of visiting ladies in attendance, about 250; Galveston is preparing to entertain 400 with a round of pleasure for the three days. Four hundred and twenty-five members registered at Corpus Christi, a phenomenal registration considering the geographical location of the city. Galveston is preparing for 700 physicians. We prophesy that this meeting will be the banner meeting of the Association in satisfactory scientific work as well as in recreative and social features. The well-known spirit of hospitality and good fellowship, for which the local medical profession is famous, will pervade the whole meeting.

A New Quarantine Danger.—Two years ago travelers from the yellow fever districts of Mexico required five days to reach the Texas border. This time in transit usually allowed such development of yellow fever as to insure its detection by a careful examination of incoming passengers on the border. By a consolidation of Mexican railroad lines it is now possible to come from Salina Cruz on the Pacific Coast, across the Isthmus of Tehauntepec, across the hot lands (tierra caliente) in the State of Vera Cruz, to San Antonio in two days and ten hours. At this writing Vera Cruz and Progresso are the only two Mexican points now infected with yellow fever and quarantined against by Texas. Infected travelers, however, can reach points in Texas long before evidence of their infection can be detected. This introduces an extremely dangerous element into our international relations. It subjects Texas at this very time to an imminent danger of yellow fever infection which is bound to increase with the coming of summer. Mexico has made great progress in sanitary affairs in the past two years, especially in the State of Vera Cruz, where yellow fever is most prevalent. This has been directed principally toward paving and cleaning up. The improvement can hardly be said to extend to an enlightened understanding of the dangers of mosquitoes, methods of transmission and means of prevention, except among the best educated classes and a few of the higher officials. This improvement in transportation facilities has been equivalent to moving the infected areas more than half way to our borders. The situation is one which will require the utmost vigiliance on the part of our health officers. Unless there can be secured from the Mexican government a more active co-operation than at present, a far more rigid quarantine than ever before

found necessary will be required for the coming summer.

The Function of the State Journal, we take it, is to publish scientific matter, news and advertising calculated to advance the interests of the medical profession, promote public health affairs, unify professional sentiment—in short, to be a constructive and not a destructive agent. Communications on subjects of general interest from reputable men and free from objectionable personalities have always been invited. (See Adv., p. 5.) This JOURNAL belongs to every member of the State society, but such ownership does not carry with it the right to have published in its columns articles attacking individuals or organizations and calculated to introduce into the profession elements of discord. Much less is this JOURNAL a place for contentious communications from men not in good standing in their county medical societies, or who hold to philosophic theories of healing and do not subscribe to the Principles of Medical Ethics. The Board of Trustees constantly refuses to publish all material of this nature. Good judgment and the laws of Texas dictate this policy. The press of other States is much more widely privileged to expose fakes and frauds and to indulge in personalities than the newspapers and journals of this State. The Texas *Criminal* Libel Law, in part, reads as follows:

"He is guilty of circulating a libel who, knowing its contents, either sells, distributes, or gives, or who, with malicious design, reads or exhibits it to another.

"The written, or printed, or published statement to come within the definition of libel must convey the idea either—

"1. That the person to whom it refers has been guilty of some penal offense; or

"2. That he has been guilty of some act or omission which, though not a penal offense, is disgraceful to him, as a member of society, and the natural consequence of which is to bring him into contempt among honorable persons; or

"3. That he has some moral vice, or physical or mental defect or disease, which renders him unfit for intercourse with respectable society, and such as would cause him to be generally avoided; or

"4. That he is notoriously of bad or infamous character; or

"5. That any person in office, or a candidate therefor, is dishonest and therefore unworthy of such office, or that while in office he has been guilty of some malfeasance rendering him unworthy of the place."

Sections of the Texas *Civil* Libel Law read:

"A libel is a defamation expressed in writing, printing or by signs and pictures, or by drawings, tending to blacken the memory of the dead, or tending to injure the reputation of one who is alive, and thereby to expose him to public hatred, contempt of ridicule, or financial injury, or to impeach the honesty, integrity, virtue or reputation of any one, or to publish the natural defects of any one, and thereby expose such person to public hatred, ridicule, or financial injury.

"In any action of libel the defendant may give in evidence if specially pleaded, in mitigation of exemplary or punitive damages, the circumstances and intentions under which said libel was published, and any public apology, correction or retraction published by him of the libel complained of. The truth of the statements shall be a defense to such action."

New Public Health Legislation.—So far the Thirty-first Legislature has placed two new public health laws on our statute books—A Revised Pure Food Law and a Nurses' Practice Act. Both laws appear to be good ones.

The old Pure Food Law, as we pointed out in these columns for May, 1907, was a monstrosity. It was a verbose document drawn by an attorney in the employ of the Wholesale Grocers' and Druggists' Associations. The Legislature had the sense to add to it the short National Pure Food Law, which made it all that it was. The bill contained so many inaccuracies and imperfections that it greatly hampered the action of the commissioner. For instance, there were two different penalties for the adulteration of milk, which made litigation useless. Dr. J. S. Abbott, in this new Pure Food Law, aimed to adopt the National Pure Food standards now in force, and to incorporate such improvements as are contemplated in its revision and contained in the proposed Uniform Pure Food Law adopted by the Association of State and National Food and Dairy Departments. Dr. Abbott's bill, after many vicissitudes, passed substantially as drawn. Saccharin and caffein were stricken from the list of substances prohibited in "soft drinks." Various manufacturers fought saccharin; the Coca-Cola Company and others brought strong influence to bear to permit the use of caffein in their drinks. The indiscriminate and continued use of these substances is generally recognized to be undesirable and detrimental, if not positively dangerous. Our Texas Pure Food and Dairy Commissioner will now command an assistant commissioner, a stenographer and two inspectors, and have $4000 a year for expenses, above salaries. The total budget for his department was $21,000 for two years. Mr. P. S. Tilson, of Houston, now in the employ of the National government, has been assigned as collaborator with Dr. Abbott in the work. In this way, much assistance will be secured and many suits may be brought in the name of the Federal government.

The State Nurses' bill provides for a board to examine and license nurses who are graduates of reputable schools of nursing. It does not affect the activity of the experienced nurse, but will establish a higher and more uniform standard for graduate nurses, increase the efficiency of their training schools, and serve to distinguish the graduate nurse from the less trained part of their profession.

These laws will be published in full in the next issue of the JOURNAL.

Physicians' Register Filed in Austin.—On March 16th Secretary M. E. Daniel of the State Examining Board sent to Hon. W. B. Townsend, Secretary of State, an official copy of the Register of the State Board of Medical Examiners, to be filed in his office as required under Section 3 of the present Medical Practice Act. This represents an enormous amount

of labor. Each page has been carefully reviewed after being typewritten to insure correctness. Could every physician in Texas inspect this register, more exact comprehension and intelligent appreciation of the work done by the present Board of Medical Examiners would be realized. For the first time, a complete and correct register of the physicians of the State is a matter of public record, and accomplished without cost to the State other than the exactment of the law. The following is an extract from Secretary Daniel's letter:

I had hoped to be able to determine the exact number of verifications upon our register, but early in the work, owing to a lack of experienced help, which it was impossible to get, unavoidable changes in clerks in the secretary's office and a large volume of work to be disposed of in so short a time is responsible for the issuance of two certificates to one and the same individual in a few instances. With this exception the number can easily be determined.

There have been issued 6616 verification licenses (including those who received two), 175 have received certificates upon examination and 108 upon reciprocity. Add to this 26 names on the register who failed in examination makes a total enrollment of 6899.

In the verifications the B's lead, 673, with the S's a close second, 628. The H's rank next, 571, followed by the C's, 554, the W's occupying fifth place, 495. Not a single name in the X's, but 8 in the U's and 7 in the Z's.

Annual Transactions vs. a Journal.—Now and then we hear of some who would rather have an annual volume of transactions than the present monthly STATE JOURNAL. These persons we are prepared to accommodate. Each member now pays $2.00 through his county secretary, which entitles him to membership in the State Association and to a copy of its publication. Any member who wishes may obtain an annual bound volume of the year's JOURNAL by sending his order and an extra $1.50 at the beginning of the year. Any one at the end of the year who wishes his volume bound may send $1.50 with the unbound copies and receive a volume bound in half morocco by return mail. The old volume of Transactions cost $5.00, had half the reading matter, contained no current medical news, and the scientific papers—well, if you want to realize the advance in the scientific work of the Association since its reorganization, compare the average paper in the old volume of Transactions with the average original paper now published in this JOURNAL.

The Close of Volume IV.—This number completes the fourth year of the STATE JOURNAL. We have tried to make it helpful to the profession, accurate in its news, clean in its advertising pages, and free from contention and personal malice. With this number will be found an excellent index, enabling the Texas medical news of the year as well as the scientific papers to be readily referred to. This index is much more complete than is usually furnished with similar journals. The work involved in its completion is considerable, but we believe it will be appreciated by our readers.

Delegates' Credentials, will be sent to county secretaries by the middle of April. These should be properly endorsed by county secretaries and forwarded to their respective delegates and alternates to insure them a seat in the House of Delegates.

The Annual Report of the County Secretaries is due April 10th. County secretaries are urged to send in reports promptly to the State office and mail duplicates to their Councilors.

ORIGINAL ARTICLES.

REPORT OF SIXTY CASES OF PUS-TUBE OPERATIONS WITHOUT A DEATH.*

BY

W. W. SAMUELL, M. D.,

DALLAS, TEXAS.

If allowed to include three cases now in the hospital, I wish to report sixty cases of pus-tube without death, from January 1, 1907, to May 4, 1908, a period of sixteen months, occurring in the practice of Dr. Tipton and myself. In reporting these cases, the operation done, the kind of drainage used, the subsequent treatment and final results, I have in view four points: First—To show sixty cases and no death rate. Second—To show at what time they are to be operated on, with regard to acute, subacute or chronic infection. Third—The kind of drainage used and Fowler position. Fourth—Kinds of operation, the incisions in the abdominal wall and method of vaginal drainage. Fifth—End results. I wish to state in the beginning that all definitions, bacteriology and pathological conditions I refer to will be from the authorities.

The Forms of Abscess.—"The term, pelvic abscess, as used in Gynecology, is somewhat vague; while it literally includes all forms of pus accumulations found in any part of the pelvis, from tip of the vermiform appendix to the ischio-rectal fossa, common usage has restricted it to intra-pelvic suppuration, in the neighborhood of the uterus. Considerable confusion existed for many years as to the actual site of these abscesses. It was long supposed they were all alike, located in the cellular tissue, and were an outcome of a cellulitis. As a matter of fact, demonstrations made from hundreds of cases minutely observed during the last decade, found the seat of the abscess, as a rule, located in the tube, or ovary, and that it is rarely found in the cellular tissue."—*Kelly.*

Causes of Suppuration.—"Suppurative affections of the pelvic organs are due to any of the pus producing micro-organisms, which usually find their entrance through the vagina into the uterus and then into the pelvis, either by the uterine tubes or the lymphatics, or through the uterine walls and parametrium. The route of extension depends largely on the kind of micro-organisms; the gonococcus nearly always travels along the mucous membrane of the tube, where its further extension may be arrested and its reactionary inflammation confined to the tube. Or it may escape into the pelvic peritoneum, setting up a localized peritonitis.

In gonococcal infection the inflammatory process is almost immediately confined to the pelvic organs and their immediate environment, rarely causing more than a local reaction, and never giving rise to a general infection. When streptococci gain entrance to the uterus, they may invade the pelvis by the same route as the gonococci, or they may penetrate the uterine wall, setting up an endometritis and then a parametritis and forming a more or less dense swelling, which terminates in an indurated phlegmon or a pelvic cellular abscess. The tube and ovary may escape infection and lie upon the top of the abscess intact. On account of the close proximity of the pelvic organs to the rectum, vermiform appendix and sigmoid flexure, pyogenic bacteria may escape from one to the other and set up a purulent infection."—*Kelly.*

Mixed Infections.—"Mixed infections of two or more of micro-organisms are rarely found. In about one-half of the chronic cases of streptococcal infection the micro-organism dies and the pus becomes sterile. The prognosis is always serious and a patient with a pelvic abscess is never out of danger, but lives over a mine which may explode at any time, when only the most prompt surgical interference can save life."—*Kelly.*

Diagnosis.—"The diagnosis of an abscess involving the uterine tube or the ovaries, or both, is often easy to make. One

*Read before the Section on Gynecology and Obstetrics of the State Medical Association of Texas, Corpus Christi, May 14, 1908.

of the chief points in establishing it may be the history of an attack of gonorrhea, a septic labor or miscarriage, since which time the patient has never enjoyed good health. Many patients will recall a confinement to bed for one or more weeks with peritonitis. Many others date their ill health from the first or second month after marriage, even going back to the very week of the marriage and recalling a more or less profuse irritating leucorrheal discharge, with swelling of the internal genitals and dysuria. The outbreak of pelvic peritonitis may then take place at the first menstrual period after marriage. Careful question of the husband in these cases will often elicit the information that he was suffering from a slight gleety discharge at the time. The husband of one of my patients actually had a swelled testicle on his wedding day.

In other cases. there is no such definite history of an initial attack and no sharp line of demarkation between health and disease; the onset is gradual, the pains growing worse and worse with each menstrual period, until a status of invalidism is finally reached.

Following the initial symptoms, the most characteristic features in the natural history of the disease are attacks of peritonitis, confining the patient to bed for days, weeks or months; often referred to as "inflammation of the stomach." The patient will often recall that her life was despaired of at this time.

The general appearance of a patient, suffering from an abscess of the appendages, varies from a look of complete health to marked emaciation, a sallow complexion and an expression of constant suffering. Her attitude and gait as she enters the room are often significant; there is a slight bending of the body over the pelvis, a cautious gait and a habit of placing the hands on the lower abdomen, keeping up an even pressure on the pelvic viscera, to avoid jarring them. This effort is especially marked in stepping over a gutter in crossing the street. I have known a woman to wear a shawl whenever she went out, to hide these efforts and the position of her hands. The differential points in the diagnosis between gonorrheal and streptococcus cases may be summarized as follows:

Gonorrheal Infection.—Slow in its onset, often preceded by inflammation of the external genitals and urethra. Pain localized in one or both ovarian regions. No signs of general peritonitis. Suffers more or less constantly, but may have no fever. Temperature 98.5 degrees to 102 degrees F. (38.9 degrees C.) Pulse accelerated, but of good quality and volume. Attack lasts five to fifteen days. Often presents the appearance of good health. Gonococci usually found in cover-slip preparations from the cervical, urethral or vulvo-vaginal glandular secretions. History of marital gonorrhea.

Streptococcus Infection.—Onset abrupt, following miscarriage, normal labor or topical treatments. Pain more general, and severe in the lower abdomen. Usually signs of peritonitis. Suffers constantly and usually has a septic fever. Temperature 101 degrees to 105 degrees F. (38.3 degrees to 40.5 degrees C.) Pulse feebler and more rapid. Attack seldom lasts less than a month and may continue three months or more. Anemic and weak. Gonococci not found in the secretions. Husband sound. A vaginal examination shows that the uterus has lost its natural mobility; sometimes it is solidly wedged in between masses, which are felt on one or both sides of the cervix, as dense, hard, shapeless, resisting bodies. A stony hardness of the vaginal vault is one of the most characteristic signs of the presence of pus. The position of the fundus often can not be located amid these masses. The bimanual examination does not at first definitely outline any diseased organs, but simply confirms the discovery made by the vaginal hand, that the pelvic peritoneal floor has become dense and resisting, and that the posterior pelvis is choked with irregular masses. A continued careful palpation by a trained hand, however, will soon succeed in differentiating several groups of bodies in the pelvis, by their location and relative mobility. The first landmark to be established is the body of the womb. This is done by pushing upon the cervix with the vaginal finger and making deep pressure from above, until an impulse is felt at the cervix; in this way, the fundus can be traced by its direct continuity with the cervix, either in front of it or behind it. The limit of motion in the fixed uterus is small; sometimes only a few millimeters, but it can be detected by a patient persistence. Masses are now recognized on either side of the uterus and posterior to it; occasionally straddling it behind, like saddle-bags. Each mass is examined in turn and found filling the posterior half or two-thirds of the pelvis on one side, more or less rounded, with a slight mobility of its own; quite distinct from that of the uterus and from the fixed pelvic walls, and it is usually possible to rock it up and down for at least a centimeter. If the tumor contains pus, a sense of fluctuation may often be best felt by means of the examining finger in the rectum; but if there is but little pus in the thick sac (such as a uterine tube, or a sac surrounded by a dense cellulitis) fluctuation is entirely absent. Sometimes the pelvic abscess is so large as to form a visible tumor above the symphysis and a bulging red area in the groin may be due to an imminent rupture.

Occasionally an accumulation of pus on one side presents nothing more than the physical signs of a small ovarian tumor, with slight lax adhesions allowing a wide range of mobility and the absence of all the characteristic evidences of inflammatory reaction may confuse the diagnosis. In a few instances, however, the diagnosis will be verified in a surprising manner, by a free discharge of pus through the cervix, which can be kept up or increased by gentle pressure upon the mass, emptying the abscess more or less completely through the tube, the uterus and the vagina. Such a gush of pus frequently takes place from the vagina when the abscess sac is grasped and squeezed in the open abdomen during the enucleation. By the rectal examination in the pelvic abscess or densely adherent pyosalpinx the narrow part of the bowel above the ampulla behind the cervix often feels like an auger hole in a board, with rounded edges; above this the tubes and ovaries are felt as more or less fluctuant, bossed, immovable masses on either side, walling in the rectum. The temperature is significant here, where there is a large accumulation of pus, reaching as high as 102 degrees to 104 degrees F. (38.9 degrees to 40 degrees C.) or more; in these cases, the physical signs also are so distinct as to leave no doubt as to the diagnosis. The treatment of tubal, ovarian and tubo-ovarian abscesses is either palliative or expectant, emptying the sac by massage, vaginal incision and drainage, or radical, by enucleation.

In general, the indications establishing the special lines of treatment are as follows: An expectant line of action must be pursued in all cases, which are rapidly improving. When there is no manifest improvement, or the change is progressively worse, immediate active interference is the only safe rule. A sac which empties spontaneously through the uterus, or one which can be easily emptied in this way by manipulation, may be treated by massage with a reasonable hope of ultimate complete recovery.

Active surgical interference is the rule in ninety-nine out of every one hundred cases, and this consists either in letting out the pus through the vaginal vault or in opening the abdomen and removing the sac with or without the uterus. Wherever it is possible to reach the abscess through the vaginal vault, with or without the aid of an abdominal incision, the patient should first be given the advantage of a trial of this safer method of treatment, by which her pelvic organs are spared. Cases which continue to suffer may afterwards submit to the more radical procedure. In patients who are extremely ill, the rapid vaginal operation is often the only one possible under the circumstances.

The urgent indication is always to evacuate the pus; when that is effectively done, the adhesions which are always found are either absorbed or may give rise to no further discomforts. If the patient continues to suffer, an easier and a safer operation may be done at a later date, in the absence of pus."—*Kelly.*

Locations of Pus in These Sixty Cases.—First—Encapsulated in one or both uterine tubes—pyosalpinx, single or double. Second—Within the ovary, ovarian abscess. Third—In the tube and ovary separately, tubal and ovarian abscess. Fourth—In tube and ovary combined into a common abscess cavity, called tubo-ovarian abscess. Fifth—In the cornu uteri. Sixth—Abscess of Douglas' cul-de-sac. Seventh—In and about a vermiform appendix, which hung into the pelvis, called suppurative appendicitis. Eighth—About the vermiform appendix and in the uterine tube at the same time. Ninth—Between adherent coils of intestine in the pelvis.

Time for Operation—Realizing fully that every authority on the subject of acute gonorrheal pelvic peri-

tonitis says wait and use expectant plan of treatment, I find that the best results in my cases, the sooner the operation, the easier the case. When a case of gonorrhea invades the tubes and I feel there is no doubt of it, I advise an immediate operation and remove the tubes at the beginning of the pelvic inflammation. Should I see the case after it has already gone on, then I strongly advise operative procedure, even should the case be improving. I feel that in these cases operation will surely be required in the end, and after weeks and months with recurrences of pain and inflammation and fever I will still be compelled to interfere, and the end results will be the same. Here some one will say "wait for the chronic state and fewer adhesions," but with careful after-treatment, all your adhesions will be absorbed, and in three to twelve weeks you will find the uterus freely movable without pain; however, take great care to leave your fresh and torn surfaces on the peritoneum carefully closed over with a fine running stitch of catgut. One other point in advising immediate operation on some of these cases: Quite a number of these sixty cases were in very poor people, and in others where it was very essential that they have good health and be able to attend to business. So an operation was immediately necessary, or they should suffer very much, as they had no means to furnish the luxuries for the sick, or even the bare necessities. In this class of cases, surely a patient had better have an operation and be up and about in a week or ten days, be able at the end of eight or ten days to leave the hospital and to resume their occupation at the end of three to six weeks.

Locations of Abdominal Incisions.—The median incision is a common one used, but in younger women, where it is necessary to hide results of your work, the Kustner incision, or cross or curved is the better. It gives you plenty of working room and is almost completely hidden by the growth of the pubic hair. Where a woman is anxious that it should be thought her ovaries were undisturbed it is especially advantageous.

Method Used for Vaginal Drain.—I take a long, slightly curved hysterectomy clamp and several pieces of double selvage gauze, making a drain as large as wanted, generally the size of the index finger, catch the gauze at the end in the hysterectomy clamp and place it at the bottom of Douglas' pouch. An assistant, with finger in the vagina, feels the clamp below the cervix, and cuts through the vaginal wall until he strikes the clamp. The clamp is pushed through, he catches the gauze; the clamp is loosened; he now pulls the drain as far through as required. The abdominal end of the drain is placed where it gives the best service and with uncontaminated gloves the abdominal wound is closed. Do not open the abdomen, look in and say, "this case can not be operated on; two many adhesions," etc. This case can be operated on and probably will go to some one who will easily work it out successfully.

In this series of sixty cases, six had been opened by other surgeons, who said they were inoperable, and when I operated, found them rather easy. If it is in your own home town and another man works out these cases, it will surely injure your reputation. Besides, if you are going to do surgery, play the game honestly with your patient, but do not doom those to a lifetime of suffering and misery whom you could cure if you had not been lacking in nerve. Only a beginner is excusable for a blunder of this kind. When you see how carefully some pick their cases and how ready they are to close up, if things look squally, you will receive this advice as timely. These sixty cases were not picked cases; but taken as they came. At times, a man must decide whether he will do his duty and operate on a bad case, or lay down. Place the question fairly to your patient. If she is willing to take the chances, then you should be. And I say this with the full knowledge that the surgeon's regret at losing a patient, even when the patient understands the gravity, is little short of the grief of the near relatives. In some of these pelvic abscesses, the bowel is found to connect with the abscess, and, when the abscess has been dissected out, the opening in the bowel should be closed by catgut sutures.

My rule in removing pus tubes is to remove the diseased tube. If in a married woman, I begin tampon treatment early and let the sound tube remain; if in a prostitute, remove both tubes, as it is only a matter of time before it is found necessary to remove the other; also this class of patients is hard to get to take the after-treatment persistently. The tamponing is the after-treatment, which I find is the great thing for these cases. If you use these every day or every second day for a few weeks or months, you are surprised at the absorption of adhesions. If not used, adhesions are more apt to remain.

Ligature material is very important. Never use any suture in the presence of pus, except absorbable material; or you may be compelled to move it later. Always be careful to remove all pathological tissue and stop all hemorrhage; even an oozing surface should be looked after carefully. A careful differential diagnosis should be made in pelvic peritonitis. It is only in the gonorrheal processes I advise immediate operation.

The appendix is now and then involved in gonorrheal pelvic peritonitis, and because you may have ruptured a pus sac, is no reason the appendix should not be sought and removed at this operation. I think there is some benefit in the pelvic peritonitis of streptococcic origin from streptolytic serum injections. Also, the injection of nuclein seems to help. Most of the cases which consult a surgeon are in the chronic stages and are then sterile.

The medical treatment that I use in these gonorrheal cases when they refuse an operation is large dose of Epsom salts; ice-bag to abdomen continuously; morphin, enough to ease pain; hot douches, four to eight times daily, large in amount, very hot, slowly run in and out; ice enemas, large amount, three to four times daily. The authorities on the subject tell us to resort to an operation, should this treatment fail, or seem to be about to fail. Most of us can remember the time to operate in appendicitis was when the medical treatment failed. Now an appendix patient in Dallas, who is told he will be operated on in the morning, generall knows enough to say to his doctor that he will manage this matter himself. I recall several instances in the last few months where the doctor was doubtful in his diagnosis or believed in procrastination, he found on his visit in the morning, when he was to decide what to do for his patient, to find that over night the patient had been removed to the hospital and his appendix removed at once. And it is thus that patients have been very instrumental in educating certain of the profession to the advisability of immediate operations in appendiceal affections. So I think, in a few years, a gonorrheal pelvic peritonitis will be operated on at once, before further involvement takes place. Before the

medical treatment fails in these cases, I earnestly advocate an operation; should the patient refuse, then do your best in a medical way.

I now come to the real reason this paper was written. There is nothing new or original in these methods of drainage here advocated, but I have tried them since I began doing surgery in approximately 150 cases, and at any rate, in my own mind, I feel better about results and safer with the drainage as I now use it, than I did at the beginning.

1. Fowler's position in every case. The method formerly used was to leave several abdominal packers in the wound reaching to the bottom of Douglas' cul-de-sac, and gradually to remove them, not earlier than the third to the fifth day.
2. Smaller selvage gauze placed in the wound as a drain.
3. Rubber drainage tubes in the wound.
4. Rubber drainage tubes, with a wick gauze.
5. Glass tubes in stab wound to each side of the abdominal incision, and, by suction, remove fluid. The next two methods are probably superior to any.
6. Stab wound and rubber tubing to cul-de-sac.
7. Abdominal wound closed and vaginal drain used, as described previously. No water is used in the abdomen; pus is carefully sponged away. Time to remove the drain is from third to the fifth day.

Lastly, I wish to urge all operative work, when the operator has become expert at it, be done neatly and quickly. Appendicitis cases done in from six to fifteen minutes, get up and convalesce more rapidly than those that take from twenty to twenty-five minutes, and the same holds good in pus-tube cases.

OPHTHALMIA NEONATORUM.*

BY

JOHN O. McREYNOLDS, M. S., M. D., LL. D.,

Professor of Ophthalmology in the Medical Department of Southwestern University.

DALLAS, TEXAS.

My purpose in presenting a paper on this subject before the Section on Practice of Medicine and Diseases of Children is not simply to deal with the purely scientific and practical phases of the malady in which, as physicians, we are all necessarily interested, but also to bring before this important and influential body of medical men some of the economic problems involved, to the end that some definite action may grow out of the discussion which will result in a positive advance in the prophylactic and therapeutic consideration of this disease as actually found within the borders of our State.

The name ophthalmia neonatorum is generally applied to that severe form of purulent ophthalmia which develops in the infant during the first few days succeeding its birth. The usual time for its appearance is about the second or third day, although the first manifestations may be delayed until the fourth or fifth day, or even longer. The disease has been known to occur *in utero* with the result of marked destruction of corneal tissue prior to the birth of the child. The infection generally occurs during the passage of the child's head through the parturient canal, although it may occur before the onset of labor or subsequent to its completion by contact with soiled linens or the hands of some one contaminated with the infectious material. The essential contagion is in the secretion from the parturient canal, but a variety of pyogenic organisms found therein may be capable of producing the typical forms of ophthalmia neonatorum. The most virulent of these and the one most frequently encountered in the severer cases of the disease is the gonococcus of Neisser, although the pneumococcus is frequently very disastrous in its effects, while the streptococcus and staphylococcus and other micro-organisms also may cause very extensive destruction.

In general terms, the severity of the attack will depend upon the nature of the infecting organism, the natural resistance of the tissues and the promptness and thoroughness with which the therapeutic measures are applied. The earlier the development of the trouble the greater is the liability to an extensive involvement; and, conversely, the later the development the lighter will be the attack, as the more virulent organisms seem to have a shorter period of incubation. It is a matter of great importance clinically to remember that a dangerous attack does not necessarily mean a gonococcus infection, otherwise our confidence in the improbability of a gonorrheal infection might lead us to neglect those measures whose vigorous employment would be essential to the preservation of the vision.

It has been my observation that ophthalmia neonatorum is more likely to ensue after cases of protracted labor, as the eyes of the child are in such cases exposed to the contagion for a longer period of time. And thus it occurs with especial frequency among primiparæ whose vaginal outlets offer the maximum resistance to the passage of the child.

I have also observed that the destructive action of the disease on the cornea is more marked in children of premature birth, which may be accounted for by the imperfect development and lowered resistance of the corneal tissue.

The question of causation is very apt, indeed, to occasion much speculation on the part of certain members of the family, and the preservation of the eyes may be determined sometimes by a judicious and tactful presentation of the facts to the father of the child. It will not be necessary before instituting appropriate treatment to ascertain by microscopical examination the special form of micro-organisms prevalent in the pus. But this much can safely be stated to the father, that the condition of the child's eyes depends upon the existence of a contagious discharge on the part of the mother, and that this infection is sometimes innocently acquired and sometimes communicated by the father to the mother. And thus we are relieved of the unpleasant task of making a dogmatic accusation; at the same time we can sufficiently impress the father with the seriousness of the case and his possible responsibility for the same with the result of inducing him to spare no expense for adequate and efficient nursing, which we know will be absolutely essential to the successful management of the affection.

The clinical history will vary exceedingly according to the severity of the attack. In the milder cases there may be only a purulent secretion with some swelling of the lids, redness and chemosis of the bulbar conjunctiva without corneal involvement. In the severer cases the infectious process may extend from one structure to another, until finally the entire globe, and the post-ocular

*Read before the Section on Medicine and Diseases of Children of the State Medical Association of Texas, Corpus Christi, May 13, 1909.

cellular tissue as well, may become the seat of a destructive purulent invasion. The issue of a given case hinges upon the extent of the corneal involvement, and this, in turn, depends in large measure upon the state of the bulbar conjunctiva. When the infiltration of the bulbar conjunctiva is very great it becomes enormously thickened, firm and resisting from the presence of fixed cells, and it rises up and laps over the peripheral areas of the cornea, constituting the condition known as chemosis. This rigid conjunctiva presses upon the blood-vessels, supplying nutrition to the cornea, closes up the lymph channels in the region of the limbus, and thus cuts off the cornea from its sources of nourishment. And not only this, but the overlapping of the bulbar conjunctiva forms with the cornea a kind of circular gutter, holding in constant contact with the impoverished, partially devitalized cornea a quantity of virulent pus filled with myriads of hungry organisms ready to invade the deeper structures of the eye when the slightest breach is presented in the integrity of the corneal tissue. And thus the whole cornea may rapidly assume a steamy appearance, or isolated areas of softening may develop, or a ring ulcer may encircle the cornea, and finally the entire cornea may melt away like ice before a fire, leading to the escape of the aqueous and vitreous, the extrusion of the lens, the prolapse and incarceration of the iris, the infection of all the remaining intra-ocular structures, the invasion of the post-ocular cellular tissue with subsequent extension to the brain with a consequent fatal purulent meningitis. As a rule, however, the process is confined to a more limited field, and the cases which do not respond to treatment result in a perforation of the cornea, a prolapse of the iris with its incarceration in the corneal wound, the formation of a dense leucoma which subsequently by virtue of its diminished resistance may yield to the intra-ocular pressure and protruding between the lids present the melancholy picture of a hopeless anterior staphyloma.

The most important duty of the medical profession relates to the prophylaxis, and this is chiefly in the hands of the general practitioner in the capacity of obstetrician. It consists in the first place in so preparing the parturient canal that there will be left the minimum amount of infectious material that may possibly gain access to the eyes of the child. And, in the second place, it provides for such local applications to the eyes of the new-born child as would most likely mechanically remove or actually destroy any infectious organisms that may have found their way into the conjunctival sac in spite of the most efficient efforts at prevention.

The first of these procedures, I am sure, is already in general use throughout our country, and I would only emphasize that the employment of various antiseptic solutions for irrigating the vaginal canal preceding the commencement of labor should be of such a character and should be used with such frequency and in such quantities as may be necessary to reduce to the minimum the danger of infection. This, of course, implies a procedure which must vary in thoroughness according to the extent and character of the vaginal discharge. I fully appreciate the fact that the normal secretion present in the parturient woman has an important function to perform in the mechanism of labor, and certainly destructive or corrosive antiseptics should not be employed, but in those cases in which the existence of a virulent secretion can be demonstrated, or is strongly suspected, we would surely be justified in using with a great deal of liberty mild antiseptic douches which would mechanically remove, or materially inhibit the activity of the pathogenic germs.

With regard to the prophylactic measures to be employed locally in the child's eyes, they may be divided into two classes, those that mechanically remove offending material, and those that exert a positive germicidal action. Of course, every effort should be made to prevent the entrance of infectious material into the eyes by thoroughly cleansing the region about the eyes, if possible, before they are opened. And then mild non-irritating antiseptic solutions should be used freely for irrigating the conjunctival sac. These procedures should be employed in all cases, and in the suspected cases additional precautions should be taken by instilling into the eyes some agent that will directly control the activity of the germs. The most generally employed remedies for this purpose are the salts of silver. If there is no suspicion of a virulent vaginal secretion the organic salts of silver, which are less irritating, may be employed. But if the indications point to a more active infectious agent, it is best to resort at once to the original method advised by Crede of Leipzig. This consists in the instillation of 2 per cent solution of the nitrate of silver. This acts beneficially in two ways: it not only tends to destroy directly the micro-organisms themselves, but by the coagulation of albumin it mechanically imprisons the germs not actually destroyed and thus facilitates their prompt and complete removal.

After the disease has become established, the treatment to be employed would depend upon the stage of the disorder and the complications presented. During the earlier stages, while the trouble is superficial and the hyperemia intense and the secretion slight in amount, the indications call for absolute cleanliness and the applications of cold. Later on, when the secretion is profuse, the salts of silver, and especially the nitrate, will be found of great value. Under all circumstances, the eyes should be thoroughly cleansed with mild antiseptic solutions with sufficient frequency to prevent the retention of accumulated pus. A great deal of discussion has arisen among ophthalmologists with regard to the use of the cold and heat in this condition. But the reasoning is in favor of hot applications after the initial period has passed, especially when there has developed a deep-seated involvement of the cornea and iris. The factor which is by far the most important relates to the preservation of the cornea intact. And heat rather than cold favors an active circulation with the resulting increase in the process of nutrition. If the ulceration is peripheral the use of miotics will tend to prevent a prolapse of the iris in the event of perforation and will diminish the tendency to this rupture of the globe by reducing the intra-ocular tension.

If the ulceration is centrally located, mydriatics will remove the iris away from the region of probable perforation and will also relieve the irido-cyclitis, which is often secondary to the deep-seated corneal involvement.

Enucleation is seldom necessary during the height of the attack and if required subsequently it is because of the extreme anterior staphyloma with the associated state of glaucoma. It is important also to remember that a cornea may become perfectly opaque and rupture, and still at a later period clear up sufficiently to enable the patient to enjoy useful vision by virtue of an indectomy carefully and judiciously performed.

Before closing, I desire to call the attention of this

section to some of the economic phases of this malady which as citizens as well as physicians it comes within our province to consider. In some of the lying-in hospitals of Europe the percentage of cases of ophthalmia neonatorum would run as high as 19 per cent before the introduction of Crede's method, while the percentage in those institutions rigidly adhering to the plan which he brought before the profession has in some cases been reduced to one-tenth of one per cent, or a practical extermination of the disease. We might say, then, that a systematic and thorough adoption of proper preventive measures will practically eliminate ophthalmia neonatorum as a cause of blindness throughout the world. It is estimated that there are about 60,000 blind people in the United States and that 25 per cent, or 15,000 of this number, have become blind through ophthalmia neonatorum. It is further estimated that the cost of maintaining these 15,000 blind persons would be about $7,500,000 per annum, and the just proportion of this expense which would naturally fall to the State of Texas annually would be approximately $350,000. Then as a question both of humanity and political economy, is it not our duty to urge with our whole might the adoption of such measures as will secure for our people a reasonable relief from this terrible scourge?

I present herewith a copy of the resolution adopted by the American Academy of Ophthalmology and Oto-Laryngology bearing on this subject, and if it meets with your approval I should be glad to have this section endorse this resolution, with the recommendation that the State Health Officer should outline some definite plan of action that would result in the speedy and effective restriction of a dreadful malady which could so easily be placed under perfect and permanent control.

REPORT OF THE COMMITTEE OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY APPOINTED TO CO-OPERATE WITH THE COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION ON LEGISLATIVE MEASURES TO PREVENT OPHTHALMIA NEONATORUM.

Dr. Baker: I would preface the report by a few words to state that the whole country as well as the profession is greatly indebted to Dr. L. Howe for the excellent work he has done in educating us to this work. In Ohio, a number of years ago, under his stimulation, a committee was appointed to go before the State Legislature to secure a law for the prevention of blindness. The law provided that every midwife meeting a case of ophthalmia neonatorum was obliged to report same to a physician. The penalty for failure to make such report is a fine of $50 and six months' imprisonment. It did not provide for the placing of the enforcing of this law under the board of health, and that is the weakness of the Howe law. During the first year I went to the health office and had a circular issued and distributed to physicians and midwives. We also published articles in our medical journals and in a few newspapers. I think for a few months it may have been indirectly of benefit, but no one was ever arrested for its violation. At present I doubt if any midwife in the State knows there is such a law on the statute books. For that reason a committee thought it best, after due consideration, to place this in the hands of the recognized authorities to enforce these laws rather than let it go in a haphazard way and leave it in the hands of professional men to see that it is enforced.

Mr. President: Your committee presents the following for the consideration of this Academy:

It is well known that ophthalmia neonatorum is the cause of a large proportion of blindness in the United States. No fact in medicine, however, has been more thoroughly established than that it is a preventable disease in a vast majority of cases. Granting this, your committee submits that every State should enact laws having for their purpose the adoption of measures for the prevention of its development, at least in public institutions where obstetric cases are received, and in the practice of midwives. Precedence has long existed in enactments requiring the carrying out of certain methods and treatment to prevent smallpox and other infectious diseases.

The State Department of Health seems to be the proper authority for establishing the necessary rules, regulations and ordinances and enforcing their observances, and for publishing and distributing appropriate information and instructions on the subject.

This committee, as will be seen by the draft of law hereby suggested, is of the opinion that legislative action on this subject should, at present, be limited to the obstetric practice in public or semi-public institutions and to the practice of duly licensed midwives, otherwise leaving the use of prophylactic measures to the judgment and discretion of physicians.

This committee further believes that the specific methods to be followed in the prophylaxis of ophthalmia neonatorum should not be stated in any law, but should be left to the intelligence and judgment of the Department of Health of each State respectively, presuming that it will act in accordance with the most advanced existing knowledge.

The following form of law is recommended to the committee of the American Medical Association as a basis for legislative action to be modified to suit the needs and legal situations in each State, and the members of this Academy are urged to co-operate, both individually and collectively, with said committee to secure its enactment:

An Act to Prevent Inflammation of the Eyes of the New-Born Babe, or So-Called "Ophthalmia Neonatorum."

Section 1. The Department of Health of this State is hereby vested with such power and authority to publish and distribute such information and instruction, to furnish such remedies, and to make such rules, regulations and ordinances as it may deem expedient to prevent the development of inflammation of the eyes of the new-born babe, or so-called ophthalmia neonatorum, in public hospitals or institutions in which midwifery is practiced either wholly or in part, and in connection with the practice of legally licensed midwives.

Sec. 2. Said Department of Health is authorized to enforce its rules, regulations and ordinances at the expense of the State.

Sec. 3. Any person violating any rule, regulation or ordinance of said Department of Health regarding the prevention of ophthalmia neonatorum shall be guilty of a misdemeanor.

This act shall take effect immediately.

Alvin A. Hubbell, Chairman;
Albert R. Baker,
Edward Jackson,
Committee.

DISCUSSION.

Dr. J. H. McCracken, Mineral Wells, said it has been his misfortune to see many cases. Related a case in a multipara: labor was normal and of short duration. In three days the baby had "sore eyes." The vision in one eye was destroyed. The mother gave a history of leucorrhea—non-specific. The proper treatment removes the danger of blindness.

Dr. A. B. Gardner, Denison, believed in the use of antiseptic douches. Should use normal salt or boric acid.

Dr. A. H. Evans, Eagle Pass, said that the number of blind children in Mexico was greater than with us. Many Mexicans never send for a doctor except in difficult labor. The disease is very prevalent among them. Does not endorse the use of antiseptic injections. In his experience the children go blind before the doctors see them.

Dr. O. I. Halbert, Waco, believed that no doctor has the right to care for women without giving them proper after attention. He took issue with the writer on two points—first, microscopical examination should be made. Believed all inflamed eyes should be treated as though this disease were present and the children's eyes given early treatment; second, does not believe that germicide should be used before delivery.

SENN CLUB.

At a meeting of the Senn Club, held March 26th in Chicago, it was decided to perpetuate the memory of Nicholas Senn and to bring before the public, lay and professional, the valuable services rendered by Dr. Senn. The means to be employed for this purpose will be decided on later. Dr. Alex. Hugh Ferguson was unanimously elected president of the club, and Dr. Arthur MacNeal was re-elected secretary.

BRONCHO-PNEUMONIA.*

BY

L. L. HARRIS, M. D.,

CUBA, TEXAS.

Catarrhal pneumonia, or broncho-pneumonia, may be acute, subacute or chronic in its course. It is usually secondary to other diseases, most commonly to bronchitis, and a frequent complication of the infectious fevers, especially measles, diphtheria, la grippe and whooping cough. It occurs mostly in children and aed persons, and those in some way debilitated.

Pathology.—Catarrhal pneumonia is characterized by the development of solid nodules which may be scattered throughout the lung. They vary in size from a pin head to a walnut. Large nodules are produced by the coalescence of a number of small ones. In number they may be few or many. They are most frequently situated on the posterior aspect of the lung, are more numerous at the base, and gradually diminish in number toward the apex. Where they are on the surface this is made uneven, the superficial nodules causing depressions in it. Over the superficial nodules there is often pleuritic inflammation. A bronciole forms the center and focus of each nodule. From it a mucopurulent plug can be squeezed. The central bronchiole in each nodule will be filled with desquamated epithelium, granular matter, pus cells and mucus.

The surrounding areas are similarly affected. Leucocytes are abundant and occasionally red-blood corpuscles are found in the air spaces. Catarrhal inflammation of the bronchi is usually found, as bronchitis in some form usually precedes catarrhal pneumonia.

The nodules may undergo resolution, the contents be absorbed and complete restoration take place. On the other hand, occasionally the contents become dry, degenerate and become a small, hard cheesy mass, which may remain unchanged indefinitely.

Symptoms.—A positive diagnosis is often impossible, the condition being obscured by the primary disease. It is rare that it is ushered in by a chill. When it develops the primary bronchitis is usually intensified. Cough is generally drier, often more painful, and often accompanied by a pleuritic "stitch." Respiration is a little more rapid. In severe cases dyspnea is marked and cyanosis may develop. General prostration is great. The temperature is generally 103° or above, while the morning temperature may be nearly or quite normal. In old persons, however, the temperature may be normal or subnormal after the first few days and remain so to a fatal termination.

Defernescence takes place slowly. In children the breathing is often painful and accompanied by moaning. The thorax is tender. No characteristic physical signs are developed unless the nodules coalesce into patches or at least two inches superficial area and of two-thirds of an inch in depth. Then the usual evidence of consolidated tissue can be found, increased vocal fremitus, bronchial or tubal respiration and dullness on percussion being the most important ones. The lesions are usually discoverable in both lungs at the same time.

A probable diagnosis can be made in the course of bronchitis if the temperature is abnormally high, the breathing unusually quick and the prostration much greater than is to be expected from bronchitis. If the chest is tender, and pleuritic pains are felt during breathing or coughing the probability is still greater. A certainty in the diagnosis can be felt, if, in addition to these symptoms, patches of consolidation can be demonstrated.

Prognosis.—The prognosis must always be guarded and the disease looked upon as being very dangerous. It is very fatal in infants, the aged and debilitated. Statistics show a mortality of 30 to 60 per cent.

Treatment.—The maintenance of strength deserves much attention. Foods in their simplest forms should be administered regularly. The heart's strength should be preserved by proper remedies, as digitalis, strophanthus, strychnia, camphor, ammonia, etc. Dyspnea and cyanosis may be relieved by alternating hot and cold applications to the body.

*Read before the Section on State Medicine and Diseases of Children, State Medical Association of Texas, May 14, 1908.

DISCUSSION.

Dr. A. B. Gardner, Denison, said in his experience mortality in broncho-pneumonia is not over 20, in place of 60 per cent.

Dr. H. W. Cummings, Hearne, believed the aim should be to support the patient. Thinks creosote is of some value in lowering temperature, but is not specific. The main points in the treatment are nourishment and stimulation.

Dr. G. W. Sims, Falls City, said he believed that pneumonia begins and ends in the intestinal tract. The lungs are an intermediate infection. The infection starts in the bowels. The seriousness of the disease is indicated by the bowel conditions. When the child is doing worse with cyanosis, the bowel will be found distended, interfering with the action of the diaphragm. Gives continuous small doses of calomel and enemas of salt solution and turpentine. Uses aconatin, veratrin, digitalin and strychnin in combination to reduce fever, equalize the circulation, eliminate toxins, and above all to overcome debility and paresis of the intestinal tract. This combination is a text-book incompatibility, but in proper dosage, pushed to effect, it is a clinical life-saver.

A CASE OF DISLOCATION OF THE SPINE.*

BY

C. A. GRAY, M. D.,

BONHAM, TEXAS.

In reporting this case of dislocation of the spinal column, I beg the indulgence of the section for the incomplete report. I saw the patient but twice, once on the day of the injury and again a few days later.

The patient was a white, young, married woman, of small stature, weighing not more than 105 pounds, mother of one child, which was about one year of age. On March 21, 1907, about 9 o'clock a. m., she was injured in a runaway, being thrown from a buggy, striking the ground upon her shoulders and sustaining a dislocation of the spinal column between the first and second lumbar vertebræ. When seen a marked deformity of the bony segments was present, due to an anteroposterior displacement of the vertebræ. Crepitus was absent. There was complete paraplegia. Patient was conscious and seemed to be suffering intensely. She had been picked up, carried to a house and placed on a bed, her back being turned to the front side, in which position she was examined. After the examination had been made, we gave her a little chloroform, an assistant grasped her under the arms, while I held her flexed thighs with my right arm, making steady traction; this, aided by pressure over the displaced vertebræ reduced

*Presented to the Section on Surgery, State Medical Association of Texas, Corpus Christi, May 12, 1908.

the luxation. A suspension apparatus was then improvised, a snugly-fitting knit shirt was put on, the patient suspended and a plaster cast applied by means of crinolin bandages, which had been rolled in plaster. She was kept suspended until the plaster set, then placed in bed. She was then able to move her toes slightly.

She suffered from incontinence of urine during the first day, after which time a catheter was required. Purgatives were necessary to move her bowels, which acted involuntarily.

After the plaster cast was applied, Dr. Van Noy, her physician, had entire charge of the case. Seeing him but occasionally, I did not hear from her often. However, he consulted me with regard to the cast, which had become slightly loosened from shrinkage of tissues. I advised cutting out a strip and lacing the jacket, as it seemed to be such a comfortable fit, which he thought he would do, but afterward decided to tighten it by stuffing cotton underneath.

A few weeks after the injury the patient was removed to the home of her parents, who lived in another portion of the State, and her progress from that time on has been learned from recent correspondence.

Her mother writes:

In two weeks she could push downward slightly, and in five weeks pull upwards her feet, bending the knees.

For five weeks two nurses were required to turn her, one at her shoulders and one at her knees. After that she could turn herself, when placed so that she could take advantage of the footboard of the bed.

She was on her feet, the first time, three months from date of injury, walked about the house with assistance for two or three weeks, then alone. From that time there has been no paralysis of motion.

Her kidneys acted involuntarily or unconsciously on the day of her injury, once or twice before 7 o'clock p. m., after that no more without the use of a catheter. A small quantity of urine passed occasionally from a cough or sneeze (very slight). She continued the use of the catheter after she had been walking around nearly a month, when she found she could urinate by making some effort.

On the second day after her injury we had great trouble in moving her bowels; they were swollen and puffed around her cast at the lower edge. She had two similar experiences several days or weeks later.

Since she has been up she has acquired regular habits, has not increased the dose of purgative, but still takes the pills to move her bowels every two days, which generally cause two movements, an hour or two apart.

She has no sensation whatever in the rectum. She had at one time a real bad case of piles without experiencing any discomfort.

Her nervous system is about the same as before the injury. Her general health about the same. She has been subject to severe headaches for years; they are no more frequent now.

She seems to have almost as much strength, but not so much endurance as before the injury. She is living a happy and useful life, with the exception of short periods of despondency on account of her condition.

The patient states in a recent letter:

Was confined to my bed all the time for ten weeks. I wore the cast for eleven weeks and wore a brace after that for about one month.

From the time I first sat up a little while I rapidly recovered the use of my lower limbs. By the first of September I could walk.

Since then there has been no improvement whatever in my bladder and bowels. The paralysis is entirely of sensation. I have no desire to pass my water, but when I think I ought to do so I make the effort and it can be passed. My bowels never move unless I take something to move them. I have an idea when they are going to move by a little pain in my stomach. I have not the control over my bowels that I have over my bladder.

I am comparatively strong now. I do most of my housework, and I can lift my baby and carry him a little way. He is two years of age and weighs about thirty pounds.

As I was anxious to have a skiagraph of her spinal column, she was sent to Texarkana, that being the most convenient point, for her, where the work could be done. I herewith exhibit same for your inspection. The work is not good, the fault probably being with the photographer who developed the plate. There is no deformity.

POST OPERATIVE DILATATION OF THE STOMACH.*

BY

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Acute dilatation of the stomach following surgical operations, especially abdominal sections, is a not uncommon occurrence, although it has passed unrecognized until with a comparatively recent period.

In 1902, Campbell Tomas was able to collect less than fifty recorded cases, post-operative and others. Since then such surgeons as J. B. Murphy, Edward Ochsner, William and Charles Mayo, Rudolph Matas, Arthur Dean Bevan, J. E. Thompson, of the University of Texas, McWilliams of the University of Columbia, and others have recognized this as one of the gravest complications the abdominal surgeon has to meet.

I do not hesitate to make the statement here, that this appalling condition, as its high mortality well indicates, has not received the thought and attention that the outcome demands. Dr. McWilliams gives the mortality as being between 60 and 70 per cent. I am satisfied that this is too low, but a reduction of this mortality may be confidently expected in the near future, first through the early diagnosis, and second by the application of a rational therapy.

Of acute dilatation of the stomach so far reported, I can find only 221 cases. One hundred and fifteen followed operations, and 78 per cent of these followed laparotomies. You will readily see that the number following abdominal operations greatly outnumber those following other operations. There will be many more cases reported as the profession grows more familiar with the condition.

The etiology has not been clearly determined, and there is not time nor space here to review in detail the number of theories that have been advanced. The mechanism is as yet a mooted question. Byron Robinson believes the condition caused, first by gas, and second by fluid. That the point of obstruction lies at that point of the duodenum where it is crossed by the superior mesenteric artery, nerve and vein, by placing these structures on a tension. Laffer disputes this in a brilliant article, published in the *Annals of Surgery* of March and April, 1908, in which he shows that in only twenty-seven out of 120 autopsies on patients who died of this condition, was compression by the mesenteric vessels present. He says further, on page 413, "I believe that the clinical pathology and experimental data are strongly in favor of acute dilatation of the stomach being primarily an innervation disturbance, affecting either the centers in the brain, or spinal cord, or the paths connecting the stomach with these centers." Tomas believes that the dilatation of the stomach is the primary condition, being due to an acute motor insufficiency of a functional nature, and that duodenal compression is secondary. Howard Kelly suggests pressure from drainage as a factor, as there have been several cases reported following gall-bladder and bile-duct operations. Braun and Seidels' article is summarized in the statement that acute dilatation of the stomach is the expression and consequence of acute insufficiency of the stomach, and that the condition is the result of some disturbance in the innervation, especially in the surgical form of acute dilatation.

If the anatomical fact be kept in mind that the third portion of the duodenum is held very firmly to the spinal column by the muscle of Treitz, we can readily understand that the kinking of this portion of the duodenum might easily occur. General anesthesia has been given as a cause without a par-

*Read before South Texas District Medical Society, December 10, 1908, Beaumont, Texas.

ticle of substantial evidence to sustain the charge. A large exudate might be advanced as a cause. The question to be settled first is, whether the dilatation of the stomach is the primary or secondary lesion.

This complaint is not confined to any race, age or condition of life. I believe the amount of dilatation the stomach will tolerate is limited only by the amount of distension the abdomen will sustain. It was my good fortune about ten years ago to assist at an autopsy where the stomach filled the enormously distended abdomen, from the thoracic diaphragm to the pelvic floor. It was a white, glistening, distended cyst; indeed, at first we thought it was an ovarian cyst, until a puncture allowed it to collapse and we could locate the abdominal contents. It was an old chronic case, giving a history of discomfort and gradual distension of the abdomen for over a year, with much vomiting of large quantities of fluid, greater than the amount taken in any given time. The patient died on the third day after she was admitted to the hospital, without a diagnosis having been made.

The diagnosis is not easy, we must admit, at the same time realizing the importance of early treatment if we would save our patient. Peritonitis either general or local, intestinal obstruction, uremia, post-operative ileus, post-anesthetic vomiting, are all to be considered. In diffuse peritonitis, the onset is sudden. In acute gastric dilatation the onset is sudden, without rigidity. In peritonitis the more sudden and spreading the disease, the more muscular rigidity will be observed. Especially is this true in cases caused by the slipping of ligatures from appendical stumps, after the removal of the appendix, or any other overwhelming infection of the peritoneum from any cause. To the educated hand of the surgeon muscular rigidity is of the greatest assistance in determining the diagnosis in abdominal cases. In peritonitis pain is a contant symptom until collapse appears, while in acute dilatation of the stomach there is little or no pain; sometimes the patient complains of a slight pain in the pyloric region, others only of discomfort; later they will tell you they feel as though they might burst.

The vomiting is very persistent, and its character is of great value. Herrich thinks the vomitus quite characteristic, grayish, brown, greenish, or black. Henry Morris says it comes up in large gulps, without straining. Dr. McWilliams puts vomiting as the most prominent symptom, says it is very profuse, uncontrollable and of a non-projectile type, sour smelling, and in amount greater than the fluid ingested.

The patient complains of pressure and tension in the epigastric region, which early is distended locally, the remaining portion of the abdomen flat and soft, without tenderness on deep pressure.

If diagnosis is made late, and the stomach tube gives no relief: if we find pancreatic fluid in the stomach, and the stools becoming acholic we may feel very certain that we have duodenal dilatation superadded to the dilated stomach. We may, or may not, have a passage of stool and flatus in the beginning, but this soon ceases as paralysis of the intestine extends.

On gently moving the patient from side to side, or gently shaking the bed, with the stethoscope in position, we will get succussion or splashing sounds. Peristaltic sounds over the abdomen become faint and few. If we percuss over the gas-distended viscus, we get a drum-like note, a flat note over the fluid. There is much eructation of gas. The abdomen flattens in contour, as large quantities of fluid are syphoned from the stomach with the tube.

Temperature at first is 99 degrees, running gradually higher and higher, later falling to a sub-normal as the patient goes on to dissolution.

The pulse is small and rapid throughout, running from 120 to where it is impossible to count it.

Thirst and restlessness is extreme; tongue and lips dry. Prostration becoming profound, showing much shock. The skin surface is slightly cyanotic, with an appealing expression of the face.

The leucocyte count is high *early* in general peritonitis; there is no leucocytosis in acute dilatation of the stomach.

The prognosis is very unfavorable, unless the condition is recognized and treated early. Death may occur within two days or be delayed for a week or ten days. Generally this disease terminates in dissolution or recovery within four days. Patients may suffer several relapses after pronounced improvement has been noted.

Treatment, if instituted early, and appropriately applied, will greatly reduce the mortality. We can recognize the disease only by symptoms referred to the region of the stomach. The stomach should be washed with a normal salt solution until the water returns clear. I have brought up particles of curdled milk at the third washing, after I had felt sure from the clearness of the water that the stomach was empty.

Place the patient in the knee-chest position and give high rectal enema of turpentine 1 drachm, two eggs, castor oil 2 ounces, ox-gall 2 drachms, water 1 pint at 110 degrees. After sufficient lavage of the stomach to thoroughly empty it, the foot of the bed may be elevated three feet, or higher.

All known means to counteract shock should be persistently employed. An abdominal binder with a pad to lift the lower abdomen and support the stomach, should be applied. All food and drinks should be strictly prohibited. Eserin, strychnin and ergot may be given hypodermically as indicated. Adrenalin, one dram to a pint of normal saline solution, may be given either by the rectum or by hypodermoclysis.

The patient should not be allowed to remain long in the dorsal position, but should be turned from side to side. Gastric lavage, position and supportive medication is the best treatment in the light of our present knowledge.

In an effort to obtain statistics concerning this complication I wrote to a number of prominent surgeons in the United States. I received replies from almost all. Some who replied claimed not to have met with acute dilatation of the stomach following operations. While Howard Kelly recalls several cases, William E. Shoerder two cases, Roswell Park states that while there is much post-operative dilatation he had not compiled any data. DeLee has had no cases of his own, but his two first assistants have had one each, following Cesarean section. One of the cases resulted fatally. Nancred has had several cases, but in mild form. J. E. Thompson reported one case that proved fatal. Autopsy showed no pyloric or duodenal obstruction; the stomach was enormously distended. Dr. Eisendrath reports two cases of mild form. Dr. Morgan three cases. These all agree that gastric lavage is the sheet anchor in the treatment of this serious complication.

Some of the replies received are of so great an interest as to justify me in taking up your time with rather extensive quotations.

Dr. J. B. Murphy writes: "I would say from memory that I have had altogether four severe cases. One died immediately without recognition of the trouble until the post-mortem. One died after the diagnosis had been made and large quantities of fluid removed from the stomach. The two others recovered after repeated gastric lavage. The cases, however, are readily recognized when one has once seen them. Frequent vomiting of small quantities and capillary cyanosis are the two most pronounced symptoms, the latter being the most conspicuous. The physical examination shows the flatness in the region of the epigastria, difficult respiration and often a labored heart beat. The cyanosis is so characteristic that it alone first attracts the surgeon's attenion."

Dr. William J. Mayo says: "Acute dilatation of the stomach is not an infrequent occurrence following abdominal operations. The large majority of these cases recover spontaneously by emptying the stomach with vomiting, but many of them die about the fourth or fifth day. Shortly before death they have copious bowel evacuations of thin greenish-black fluid which has been retained in the stomach, so that these cases of dilatation are not recognized as such. We now make it a rule in the hospital after an abdominal operation if the patient is not doing well at the end of twenty-four hours, and especially if there is nausea, to use the stomach tube and continue its use several times a day until the fluid does not re-accumulate. I have not found that changing the patient's position will check the disturbance, as we would expect if the trouble was due to gastromesenteric ileus. Generally speaking, there has been an exaggerated idea of the fatality because most of these cases have been discovered at post-mortem and, therefore, only the fatal side has been seen."

Dr. Edward H. Ochsner: "We have had quite a number of such cases, but have no accurate statistics on the subject. About eight years ago we quite accidentally discovered that early gastric lavage will relieve the condition and consequently since that time we have always resorted to gastric lavage at the very onset. I do not think we have had a single fatality from this cause since that time."

Dr. Rudolph Matas says: "I have had two cases of acute gastric dilatation following operations. One in a case of chronic cholelithiasis and cholangitis (with deep jaundice); in the other exploratory operation for cirrhosis of the liver and Talma's operation. Both cases ended fatally, in spite of gastric siphonage and lavage. At the post-mortem her stomach

was found enormously distended. In both cases the associate or pre-existing disease had brought the patients to a critical state in which any slight disturbing cause would have precipitated a fatal termination. Hence the doubt still remaining as to whether the dilatation would have necessarily ended fatally in other less grave conditions."

Dr. Alex H. Ferguson relates the following case: "In 1895 I operated upon a young man for appendicitis between attacks, removed it without difficulty and all went well for three days with the exception of a little vomiting, after which the vomiting became constant and furious. Unfortunately I had to leave town for a few days and on my return found him moribund and he died the same day. I was fortunate enough to secure a post-mortem in his case. The stomach was enormously distended, reaching from the ensiform cartilage to the pubic bone. There was an acute kink at the junction of stomach and duodenum, immediately beyond the pylorus. The dilatation of the stomach was the only cause of his death. Since then I have had several cases of dilatation of the stomach after operation. One after removal of the cecum, another after removal of the gall-bladder, another after ovariotomy, and one, four months ago, after removal of large uterine myomata and the appendix. Two of these cases were quite severe and I feel certain would have died had it not been for the free use of the stomach tube. I am sure that I have had other cases, but less marked."

Dr. McArthur also reports an interesting case. He says: "I would especially refer to one case in which a panhysterectomy was followed by profuse, persistent, intractable vomiting. The gynecologist in charge requested that I make an artificial anus to relieve the apparent intestinal obstruction. Incision for artificial anus in the left groin exposed what was at first thought to be an enormously distended intestine, but which on further investigation was recognized as a stomach distended to that position, and the immediate passing of a stomach tube withdrew two gallons of fluid. No opening of the bowel was made. Repeated lavage of the stomach lengthened the intervals between vomiting, but it did not save the patient, who lingered for two or three days in too weakened a condition to permit of any further surgical interference. After emptying the stomach with the stomach tube the patient would go twelve to sixteen hours without vomiting, the stomach would refill, requiring an emptying, and so on to the end. There was no sepsis, no peritonitis; death seemed to be due to exhaustion."

Before concluding this paper I want to report the two following cases of acute gastric dilatation. One recovered, one died.

Case 1.—Female, aet. 32, unmarried. Referred to me for operation April, 1906.

History.—Father died of paralysis and the mother of tuberculosis. One brother living and in good health. She had suffered from indigestion for several years; complained of pain in the right side of the pelvis, becoming almost unbearable at the menstrual period; this dated back to puberty. History of three attacks of appendicitis.

Examination showed some tenderness and slight rigidity over the appendix. A small immovable mass could be outlined in the right ovarian region. Heart and lungs normal. Urine negative. Hemoglobin 90. Leucocytes 16,000. Red blood corpuscles 3,500,000.

After the usual preparations for an abdominal operation I opened the abdomen, using scopolomin, morphin and ether anesthesia. I found a dermoid cyst, with appendix firmly adherent to the wall of the cyst. There were many adhesions but both were removed, the operation lasting one hour. The condition of the patient was good at all times. She left the operating room with a pulse of eighty. She made good progress, except for slight nausea and vomiting, which was thought to be due to the anesthetic, until forty-eight hours had elapsed. She then began vomiting at intervals, bringing up large amounts, without any seeming effort. This continued intermittingly for about six hours. She was slightly nervous, very thirsty and somewhat cyanotic; complained of distension, but no pain nor rigidity. Pulse 120; temperature 100. She complained of pressure in the region of the heart, and slight difficulty in breathing.

The stomach was washed out with a normal saline solution; high rectal enema was given, with the patient in the knee-chest position. Being satisfied that the stomach was empty, the patient having had no solid food for four days, I elevated the foot of the bed three feet. She was relieved of the pressure symptoms, pulse and general condition improved, but in four hours she grew worse, vomited a large quantity; the lavage was repeated and again she improved. She would do well for about four hours, and then the lavage would have to be repeated to relieve her. I left orders for her to have a stomach wash every three and a half hours; she gradually improved and made a complete recovery.

Case 2.—*History*—Female, married, an invalid for years, complained of stomach and bowel trouble and pain in both ovarian regions. She had had recurrent attacks of colitis and suffered greatly from nausea and at times vomited. Pain at the base of the brain, often severe headaches.

Examination showed heart action increased in rapidity as in neurasthenia, pulse tension slightly increased, lungs negative. Tenderness over McBurney's point, with slight rigidity. Pelvic examination showed both ovaries enlarged and hard; the left displaced into the posterior cul-de-sac. The uterus was retroverted. The urine was negative. Blood showed hemoglobin 80 per cent, leucocytes 14,450, red cells 4,000,000.

Exploratory incision was recommended, with the hope of benefiting the patient. The usual preparations were made and under scopolomin, morphin and ether anesthesia, the abdomen was opened. There was a slight enteroptosis, the appendix was removed and found to contain a fecal concretion. Both ovaries were enlarged and very fibrous and were removed. The uterus was suspended after Gilliam's method.

The patient was returned to bed with a pulse of 88 and general condition good, and continued so for thirty hours, suffering slightly from nausea. She then complained of some tension in the epigastric region, vomited greenish fluid in larger quantities than taken; pulse 118 and gradually increasing, skin slightly cyanotic, some distension over the stomach and flattening of lower abdomen, no muscular rigidity, no pain nor tenderness, nor did she have from the beginning. The condition was recognized to be acute dilatation of the stomach and gastric lavage was advised. To this the patient absolutely refused to submit. Vomiting of large quantities of greenish fluid continued. Shortly before death she had a large liquid bowel movement, almost black. Every possible means to relieve the patient, except gastric lavage, was used. Patient died at the beginning of the fourth day.

SOME IMPORTANT DETAILS IN LABORATORY WORK.*

BY

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The evidence of disease obtained by deduction from history and by physical examination, at the bedside, and that obtained by chemical and microscopical examination of pathological products are inseparable. The information obtained by each method becomes as links in the chain of evidence from which the physician makes his final decision, or diagnosis.

The majority of physicians, I believe, have placed laboratory methods in their proper field of usefulness—to confirm or to contradict suspicious evidences of disease, the nature of which is not clearly established by history, signs and symptoms.

In a certain percentage of instances laboratory methods fail, and I believe that a great number of these failures can be traced to the lack of attention to details in laboratory technic. A carelessly taken specimen, hurriedly prepared and more hurriedly examined, will probably give negative findings, though evidence of the disease may be present. Of course, positive findings are always final, provided they confirm other evidences of a disease in question. It so often happens, though, that a diagnosis is based upon the negative findings of an incomplete examination, which, if carried farther, would result in a positive report and a more correct diagnosis.

The accuracy of laboratory methods depends entirely upon the judicious collection, the skillful preparation and a long, diligent examination of the specimen. In the examination of blood smears, for instance, it is essential that the slide and the part from which the blood is taken be thoroughly clean; it is essential that the smear be thinly and evenly spread, so that the corpuscles will lay flat and separated; it is essential that the specimen be properly stained—that there will be the proper contrast of colors and an absence of stain

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pigment from the field. This especially applies when the staining is for the detection of the malarial parasite. In this technic one of the eosinate of methylene blue stains is generally preferred, and, owing to the lack of uniformity in these stains, when bought from different manufacturers, and at different times from the same manufacturer, it is much more satisfactory to purchase the dye in powder or in tablet form, making the solutions in pure methyl alcohol as they are needed. The skillful application of any given stain is a matter of experience. The physician or microscopist should select the stain proving the most satisfactory in his hands, using it only in his blood work. The staining should be done by the watch, not by guess. Overstaining destroys contrast, while an understained specimen does not show young forms and the nuclei of the leucocytes appear pale and indistinct. Too much water added precipitates the dye and produces a confusing field; on the other hand, not enough water fails to bring out the eosinophilic elements and produces an excess of blue. Smears for the detection of the malarial parasite should be made when the parasites are most numerous in the peripheral blood—just before the expected paroxysm; or, in the remittant type, just before the remission. It frequently happens that the parasites are present in the peripheral circulation in very small numbers and are found only after long, patient search. In no instance should a negative opinion be ventured, unless provisional, until at least one hour has been consumed searching two or more slides systematically with a mechanical stage. Where the estivo-autumnal parasite is suspected a negative report should not be given until several specimens, taken on different dates, have been carefully hunted.

Failure to find the malarial parasite should not end our search for the causative factor. If the probability of typhoid can not be excluded by the symptomatology, blood culture should be made, or, if sufficient time has elapsed since the onset, Widal test should be applied. If typhoid can be excluded by the symptomatology or by laboratory tests, the hemoglobin should be estimated, the red and white cells counted and a differential leucocytic count made. The blood pictures in the anemias, leukemias and in many of the surgical diseases are diagnostic. In this connection, I believe that the blood picture is often neglected in the surgical diseases. Not only is the blood picture of great diagnostic value, in these cases, but the surgeon gains valuable prognostic information.

Of no less importance are the details in the examinations of the sputum. Though this material is most often examined for evidence of pulmonary tuberculosis, it also furnishes diagnostic evidences of many other diseases of the respiratory tract. When it is examined for the detection of the tubercle bacillus, too much importance can not be attached to the details of the examination. If the tubercle bacilli are numerous in the sputum their dectection, of course, is not difficult. But it so often happens, in the incipient cases, that the bacilli are present in such small numbers and so widely scattered that they are found only after high concentration of the sputum and long, diligent search over thick smears. Before giving a negative opinion after the examination of a preliminary smear, 10 to 20 c.c. of the sputum should be mixed with an equal volume of distilled water and 1 to 2 c.c. of a 40 per cent solution of sodium hydroxid added and the entire mixture placed in an incubator at 100 F. for from six to twelve hours, depending upon the tenacity of the sputum. This reduces the tenacity and increases the fluidity permitting high concentration by the aid of the centrifuge. After running through the centrifuge, at three thousand revolutions, for several minutes, the small amount of sediment will contain all the scattered bacilli. Thick smears should be prepared from this sediment, stained in the usual way, and carefully examined, systematically with a mechanical stage, for not less than one hour. Even with this technic, a negative search should be followed by a similar examination at the end of a week. In this way tubercle bacilli have been discovered in the sputum of persons in whom pulmonary tuberculosis was not suspected, their sputa having been submitted to be examined for evidences of other diseases. In a small percentage of cases no sputum can be obtained; in such instances the diagnosis must be confirmed by the presence of a low tuberculo-opsonic index or by the appearance of a positive reaction after the application of one of the tuberculin tests.

Turning to the examinations of the urine, the mere apprehension of an abnormal constituent is not sufficient for the basis of a diagnosis. What is the abnormal constituent? Is it constantly present? What is the quantity? These questions can not be determined in one examination, but the detection of an abnormal constituent should be confirmed by several examinations made on different dates, unless the detection of such a constituent confirms, beyond a doubt, a diagnosis made from the symptomatology. Transient albuminurias or glycosurias are not uncommon and a diagnosis of nephritis or diabetes, based upon the detection of albumen or glucose in the examination of a single specimen may, or may not, be correct.

When the diagnosis, in either case, is established, quantitative analysis from a specimen of the mixed twenty-four-hour urine should be made at regular intervals, to determine accurately the progress of the disease.

In pyuria, the detection of pus is only the starting point in the diagnosis. Is the pus urethral, vesicular or renal? If renal, from which kidney? And finally, what bacteria are present? Owing to the prevalence of gonorrhea and the possibility of tuberculous infection, examinations for these bacteria should be made in every case of pyuria. To determine if pus in the urine is of urethral, vesicular or renal origin, the ordinary three-glass test will be found quite accurate. Pus in the first glass, absent in the second and third suggests that the pus is of urethral origin. When present in the first, absent in the second and present in the third, we suspect the prostatic urethra as being the source. If all three glasses contain pus, 15 c.c. from each glass should be centrifuged separately and the percentage, by volume, of pus in each noted. If the three tubes contain equal, or nearly equal, volumes of pus, we know that it has been mixed with the urine above the urethra. The percentage of pus in all three glasses should be taken (average of volume in the three centrifugal tubes). The bladder should be washed with several changes of sterile water and completely emptied. At the end of half an hour the urine should be drawn and the percentage of pus estimated; if it corresponds with the percentage in the three glasses the pus comes from above the bladder; if very much less, it is of vesicular origin. To determine the kidney involved, provided physical signs are absent, the cystoscopic examination with ureteral catheterization is the only accurate method.

PERSONAL OBSERVATIONS IN LATENT MALARIA.*

BY

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Malaria has been defined as "a febrile disease due to the presence of animal micro-parasites—the *Plasmodia Malariae*, in the red corpuscles of the blood." Latent malaria, or malaria with latent symptoms, is a condition of man's body in which the parasites of Laveran live, multiply and undergo, to a greater or less extent, their cycle of biologic evolution in the red-blood cells, finally destroy those they inhabit, empty the fever producing toxins they contain into the blood stream, and yet cause no fever, or only an occasional and unusually mild type of fever in the course of the disease. Persons who suffer from latent malaria may have frequent "bilious attacks," neuralgias, especially neuralgia of the tri-facial nerve; may be anemic, swarthy, and may develop enlargement of the spleen and, in some cases, of the liver also, but symptoms of a malarial paroxysm (chill, fever and sweat) are conspicuous by their absence. A change of climate, particularly a change to a healthier or higher section, may convert a latent into an active form of malaria, with fever as a prominent symptom; instances of this are of frequent occurrence, have excited much interest and many theories have been advanced as to the cause.

We are taught that malaria and its manifestations are caused directly or remotely by the parasites of Laveran; that chill, fever and sweat (the cardinal symptoms of a malarial paroxysm) are due to the action of the specific poison of the parasites, and that the symptoms correspond, in time of their periodic occurrence, with maturing of a large group of the parasites, rupture of the red-blood cells they inhabit, and the emptying of the contents, including the specific poison, into the blood stream. That pigmentation of the tissues is

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a result of the deposit of hemosiderin from the broken red-blood cells; that swarthiness of the skin and "bilious attacks" are due to failure of the liver to fully convert the hemoglobin, liberated by rupture of the red-blood cells, into bile pigment; that enlargement of the spleen and liver is due to functional overwork of these organs in the taking care of waste products of red-blood cell destruction; and the anemia is due to the destruction of red-blood cells by the parasites of malaria. It is, therefore, difficult to understand how malarial parasites in latent malaria may inhabit the red-blood cells, which they finally destroy, pass through all stages in their biologic cycle, and give rise to all the symptoms of malaria except that of fever. Is it because the parasites become attenuated, or does the patient acquire an immunity against the toxin of the parasite? I will revert to this phase of the subject later, after describing my personal observations on latent malaria.

If an apology for this paper is necessary, it will rest on the belief that the considerable number of persons in whose blood the parasites of malaria were found in my examinations and who did not have malarial fever, indicates that latent malaria is a more common disease than it is supposed to be, and that this condition opens up the question whether the subjects of latent malaria may be the indirect means of conveying the disease by the anopheles mosquito, to other persons?

My case records show that blood examinations for malaria have been made in my office, in the past three years, five hundred and fifty-three times in practically five hundred and fifty-three cases, and that the parasites were found in two hundred and forty-five cases, or 44 1-2 per cent of cases examined; and that fever was not a symptom, except of rare occurrence, in these cases. The people whose blood findings furnished the basis of this paper came from nearly all parts of the State, and did not know they had malaria. As a rule they were swarthy, anemic, often with large spleens, and quite a number suffered from periodic neuralgia, but as a rule there was no fever. Blood examinations were made in some of these cases from the general appearance of malaria they presented, but in other cases it was made as a matter of diagnostic routine practiced in my office. As I have said, none of these people suspected they had malaria for the reason they did not have fever, the majority of them consulted me for chronic diseases of the digestive organs, for which they had received treatment at home and often away from home, but the existence of malaria had not been suspected nor determined. No blood examinations had been made prior to consulting me. Stains were used in all the blood examinations made by me. Wright's stain was selected and used in the earlier cases, but later this was abandoned and Azur II (Ziemsa Stain) was used instead. Both tertian and estivo-autumnal parasites were found, but a large majority of the cases were tertian, and it was found as a rule that the parasites were less numerous in latent than in active malaria.

The successful treatment of latent malaria, that is a treatment that will rid the blood of malarial parasites, was much more difficult than I had previously found it in a long and fairly large experience with malaria. While the salts of quinin were chiefly relied upon to kill the parasites, it was found that large doses, continued in some cases for two or three weeks, were required, and that failure would sometimes result even then. When quinin failed to destroy the parasites, or where from idiosyncrasy it could not be used, I have frequently succeeded wtih methylene blue. I feel sure this a reliable remedy in latent malaria and a sovereign remedy for the neuralgic forms of the disease. Arsenic and iron were found most serviceable in overcoming anemia, but I did not find arsenic a reliable malarial parasiticide.

Curing the latent malaria, in many of my cases, proved to be an efficient means of relieving patients from obscure and distressing conditions. I must not burden this paper by attempting to give a detailed description of the various conditions, some of which were apparently primary, while others were associated with other diseases, that were relieved by anti-malarial treatment, I will describe a single case on account of its uniqueness, although it does not for this reason fairly represent the types usually met with in latent malaria.

A little boy about five years old apparently suffering from anterior poliomyelitis was brought to me from a distant part of the State. The father of the child gave the following history: In the game of "playing doctor" entered into by several children in the absence of their parents, my little patient had assigned to him the role of patient, and was given a "pill box full of calomel tablets." He became dreadfully sick and had a severe attack of gastroenteritis, which was followed by an incomplete paralysis of the lower half of the body. Failing to get relief from this condition, the little fellow was sent to me. A diagnosis of probable toxic neuritis, due to the mercury which had been taken, had been made before I saw the patient, and the clinical history and symptoms, aside from their localization, looked very much that way. But on finding a considerable number of malarial parasites in the child's blood—somewhat to my surprise, as he gave no history of malarial fever—I concluded to give full doses of quinin sulphate. Under this treatment the paralytic symptoms rapidly disappeared, and the child was practically well within three weeks.

Concerning immunity from malarial fever, an immunity that subjects of latent malaria have apparently acquired, the question again arises, is this an acquired immunity to the toxin, that is an immunity due to antitoxins in the serum, or is it due to attenuation of the parasites, a physical change in these bodies that lessens and may destroy the ability they possess to manufacture the poison to which malarial fever is due?

A specific antitoxin to a toxin will appear in the blood of persons who are undergoing an attack of any one of the toxic diseases (of which diphtheria is an example). This will not only neutralize the toxin and may cure the disease, but, further than this, it gives an immunity as long as it remains in the body. Now it is easy to explain the absence of fever in latent malaria by assuming that malaria is a toxic disease, and that an antitoxin to the fever causing toxin is developed in the blood. But it is difficult if not impossible to explain by this hypothesis how a change of air, that does not destroy the parasites, may destroy the immunity. Kelsch and Keiner seek to avoid the difficulties which encumber the theory of toxic immunity by assuming that protection from fever in latent malaria is due to an acquired "relative tolerance" to the poison. But since an acquired tolerance to opium, tobacco and other drugs will continue to exist as long as the drug is used, tolerance to the malarial poison should also continue as long as the poison enters the blood, if an analogy exists between acquired tolerance of poisonous drugs and poisonous toxins. How then is a loss of tolerance to the malarial poison from a change of climate to be explained?

Pathogenic bacteria may lose by attenuation a part or all the ability they possessed to produce pathogenic (specific disease-producing) products. Chromogenic bacteria may lose by the same means their chromogenic function, and ferment micro-organisms may lose their ability to cause fermentation without causing a visible change in the appearance and biologic habits of the micro-organisms. Micro-organisms become attenuated—that is, the ability to manufacture specific products is lessened or totally lost, by forcing them to vegetate for a long time on unfavorable culture media, or by exposing them to sunlight, to high temperature, to antiseptics or other unfavorable influences, which if applied a little stronger would destroy the cells.

"It lies in the nature of things (Frankel's Bacteriology) that this dimunition of virulence takes place gradually, proceeding step by step, and not with one great leap. Therefore, we are often able to interrupt the process at a certain stage, or even to retrograde and undo the work already done." "The best, and indeed the only, means to this end is to give back to the partially weakened cells their natural conditions, and endeavor to re-accustom them once more to their former way of life."

"In the pathogenic species, we attempt to inoculate them into the animals most susceptible to them. If this fails, we can have recourse to methods of increasing the natural susceptibility of an animal artificially. Should this prove successful, and the micro-organism once more establish itself on its natural soil, one may reckon with some degree of certainty, on its recovering its former power."

It seems probable that the specific poison of malarial parasites, to the action of which malarial fever is due, is harmful to the parasites, and a long exposure to the poison as in chronic malaria, and a shorter exposure in cases of the severe types of acute malaria in which the poison in the blood is concentrated, may cause the parasites to become attenuated; and the poison they produce to be furnished in

small amount, or, perhaps, not at all. Under these conditions the blood would contain malarial parasites which may live and multiply in the blood and destroy red-blood cells causing little or no fever; in other words, the condition would be that of latent malaria. But even if this be true it does not appear clear how a change of climate can restore to attenuated parasites normal action. Of course, it is possible that placing the patient under healthier conditions may favorably influence the blood so that attenuated parasites it contains may again be made active poison-producing parasites, but it is not known that this occurs. It is true that the best means of restoring normal action to attenuated parasites is that of inoculating them into the blood of susceptible animals, but the difficulty of proving that a change of climate may convert a non-susceptible into a susceptible person still remains, and until it may be shown that the improved general health that follows a change of climate so alters the blood of the patient that it will restore normal action to attenuated parasites, we must accept this theory, if at all, only tentatively.

The obstacles which impair a clear view of this subject have led many clinicians and not a few authors of large experience to conclude that acquired immunity against malaria does not exist. They hold, on the contrary, that one infection predisposes to other attacks of malarial fever, and point to the clinical evidence that recurrences of a malarial attack are of common occurrence. But since we have learned that an arrest of malarial fever by quinin is not always an extermination of the parasites from the blood, the recurrences that follow a malarial fever may not be re-infections—only relapses of the primary infection, which occur from time to time until immunity is acquired. Besides, spontaneous recoveries from malarial fever and the presence of parasites in the blood with no fever, can only be explained on the theory of acquired immunity. In addition to this evidence we have the opinion of Robert Koch, based upon his vast experience with malaria on the east coast of Africa, that an acquired immunity to malaria is a matter of common occurrence with adult natives in that part of Africa. He describes the natives of the east coast of Africa as strong, healthy people who do not have malarial fevers. But strange to say, the children of these people, from infancy until they reach the age of ten or twelve years, are sickly, sallow, emaciated, pitiful victims of the malarial fevers, from which many of them die. Those who survive gradually lose their fevers, which become milder, and recur at longer and yet longer intervals until they finally disappear; provided, no quinin has been given them. From that time on these people have no malaria, and Dr. Koch holds that this exemption is due to an immunity they have acquired.

CHORION-EPITHELIOMA.*

BY

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Case Report.—H. C. H., age 35, male, American, widower.

Family History.—Father died at the age of 42, of what was called by his attending physician cancer of the testicle. This followed an injury of the testicle occasioned by being thrown astride the pommel of his saddle while riding horseback. The injury was of a very severe nature and caused intense suffering. The tumor of the testicle developed very rapidly after receiving the injury and the testicle was removed. He died from a very rapid recurrence. Family history otherwise negative.

Personal History.—At five or six years of age had "typhopneumonia." Some years ago was shot with a .45 Colt revolver, the bullet breaking his arm, passing through his chest and breaking his sternum and coming out near the spine. Recovery from this wound was good.

April 6, 1907, fell from the elevated seat of a dray wagon landing astride the wheel, severely injuring the right testicle. Immediate rapid swelling of the testicle supervened, with severe pain. In a few weeks an atrophy of the organ occurred, followed in a short time by rapidly progressive enlargement. With the enlargement came severe pain.

July 24th the right testicle, in which the pain had become intolerable, was removed by his physician. According to the patient's statement there was no relief from the pain following the operation. He now began losing flesh rapidly and at the time of consulting the writer, July 24th, the right testicle, in which the pain had become intolerable, was removed by the attending physician with (according to patient's statement) no relief whatever to his suffering. He still lost flesh rapidly and at the time of consulting the writer (September 17th) had lost forty-five pounds. Pain grew rapidly worse and nodular enlargement of cord as far as it could be palpated occurred promptly after the operation.

The pain is very severe in back at lumbo-sacral synchondrosis and in right hip and is of a sickening character, resembling that due to injury of the testicle. One week ago he began having soreness over the bowels and pain in the chest. The patient assumed a squatting posture much of the time to get relief from the pain, and secured very little rest night or day.

Status Praesens.—Emaciated, dark-complexioned man, facies expressive of intense suffering. Marked cachexia, pulse 110, temperature 99 1-2 degrees. Has become addicted to morphin in his frantic search for relief from the intolerable suffering. Heart normal, a few sybilant rales over the bases of both lungs and pleural friction sounds audible at angles of scapulæ. Urinates a normal urine about eight to ten times in twenty-four hours. Abdomen scaphoid, quite generally tender upon palpation. Evident nodular enlargement of the cord of the amputated testicle as far abdomenward as it can be followed and extremely tender to the touch.

Clinical Diagnosis.—Recurrent secondary sarcoma of cord. Patient advised that inevitable death would be his lot without operation, but that even with operation nothing could be promised him. He elected operation.

Operation September 19, 1907. Cord adherent to scar, enlarged to almost an inch in diameter and followed to a point on right side of spine opposite navel, where it was removed. Wound closed with capillary drainage. Operation resulted in no relief to the suffering or downward course of the patient, but demonstrated that extensive metastases had already occurred. Patient discharged September 29, died January 10, 1908. Unfortunately he died at such a distance from the writer that a post-mortem examination could not be had.

Microscopic Diagnosis.—Chorion-epithelioma of the cord secondary to a primary growth of the testicle. The microscopic examination was made by Dr. Lee.

Surgical History.—The surgical history of chorion-epithelioma is one of disaster. There is not a single gleam of light to brighten up the dark and gloomy picture. It is the most rapidly fatal in its course of all metastasizing new growths which afflict human flesh. Its emergence into the dignity of a classification of its own, from among the sarcomata, has been but recently established.

Surgeons had long been acquainted with the existence of a rapidly metastasizing, destructive neoplasm following and apparently incident to the puerperium and abortions, which they vaguely classed as sarcoma or carcinoma and upon which operations seemed to have no effect whatever. Many of them attributed its rapidly fatal course to the high degree of physiologic activity incident to pregnancy and the puerperium.

It was also believed until recently that the growth was peculiar to the female organism and dependent entirely upon something incident to the puerperal state, either in cases of normal labor and uncomplicated abortions, but more especially apt to be present in the abnormal and mole formations incident to pregnancy.

The classification of this tumor for a time hung upon the question as to whether the syncytium is maternal or fetal in origin. This leads us into the subject of embryology which will be more fully considered by Dr. Lee.

So long as the tumor was believed to be a product of pregnancy, either normal or pathologic, it was impossible of conception—a paradox—to assert it could occur in the male. In consequence of this view the testicle was long regarded as an organ peculiar in its surgical pathology in that the elements were so mixed in it as to give rise to malignant growths so mixed in character as to be difficult of classification.

To the surgeon as to the pathologist there has existed since the time of Cohnheim two distinct and broad classes of malignant neoplasms, namely: first, the carcinomata, epithelial in nature and arising from the outer and inner embryonic layers; second, the sarcomata, of connective tissue

*Presented to the Medical Association of the Southwest, Kansas City, Mo., 1908.

type, having origin primarily in the middle embryonic layer, the mesoblast.

These growths could not, either in their clinical course or their pathologic character, be made to fall in either class, as they occurred in the puerperium in the female or in the testicle of the male. In their efforts to classify these tumors with the sarcomata, Malassez and Monod called them angioplastic sarcoma, from their appearance, believing the neoplastic overgrowth to be a reversion to the blood vessel forming type. These tumors were known to be most extraordinarily energetic in their metastatizing tendencies.

Schlagenhaufer,* in 1902, first gave these testicular tumors a distinct classification and demonstrated by a series of brilliant studies, their syncytial nature. Especially was this discernible in the metastases which were identical in structure with the chorion-epithelioma of pregnancy. The question as to whether these growths of the testicle should be classed with the teratoma by inclusion of fetal structures or whether they are chorionic, as suggested by Wlassow, is not determined. Along this line it is interesting to note that Potent by a series of observations and studies concludes that chorionic villi may be torn off and transported without pathologic sequence. Saenger first described the growth as an entity in 1889, under the name of deciduo-sarcoma.

Clinical History.—The clinical course of chorion-epithelioma of the testicle is exceedingly rapid. More than in any other form of new growth its development is preceded by a history of recent traumatism, usually of a severe nature. In the case reported it is interesting to note that the father died of what is presumably the same thing, the pathologic sequence

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following an almost identical trauma in the same region, the clinical history pursuing a parallel course. All that is wanting to place the two in the same class is the pathologic study, clinically they are identical. In the father's case it is presumable that it occurred before the time of modern classifications and so it was classed with the carcinomata by the surgeon.

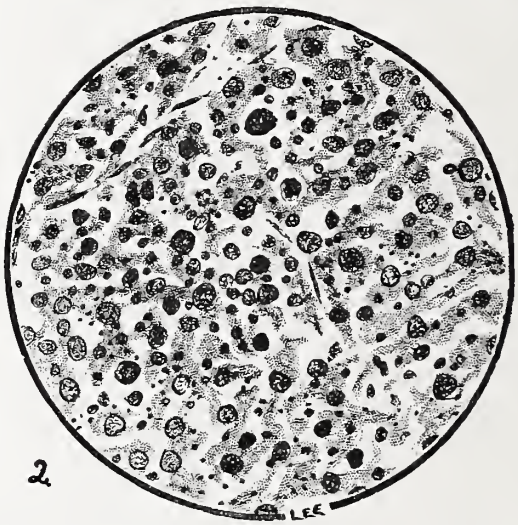
Morbid Anatomy.—These tumors, to the naked eye, are reddish brown in color and, upon section, have a reticulated fibrous appearance.

The cellular structure differs from all other malignant growths in that the cells are distinctly of the embryonic type, large and irregular in form. In mass these growths sometimes take on a strange resemblance to the placenta and the curious and apparently anomalous condition of a hydatid mole, resembling the ordinary mole of pregnancy, has been seen post-mortem by Breuss‡ in the heart of a locksmith. This was secondary to a tumor of the testicle and did much to establish the claim of a fetal origin of these tumors, as there could be no doubt as to the elimination of the maternal factor in this case. It also aided in the elimination of the teratomatous tumors in the symbiotic sense.

There can no longer be any question that chorion epithelioma occurring in the male or in the virgin female, is identical with that in association with normal or abnormal pregnancy and to which the name of syncytioma malignum is perhaps the most commonly accepted. Their pathogenesis, morbid anatomy, clinical course and manner of metastasis are the same. In the classification of malignant neoplasms this forces them into a class by themselves.

Differential Diagnosis.—In the male the presence of a rapidly growing tumor in the testicle, preceded by the history of unusually severe trauma, accompanied by acute pain, should lead one to suspect chorion-epithelioma. In the male the testicle seems to be the favorite point of attack. The rapidity of the progress of chorion-epithelioma, with the acute suffering and the history of the severe antecedent trauma, serve to differentiate it from the more slowly developing tuberculosis, sarcoma and carcinoma. While the latter two may take a rapid clinical course, they are not so malignantly metastatic. The difference in this respect, however, is only one of degree. The method of metastasis in chorion-epithelioma is largely by the blood vessels, while that of carcinoma and sarcoma is by the lymphatics. Chorion-epithelioma usually develops more promptly following the initial traumatism. The positive differentiation is only possible by the aid of the microscope and in a properly fitted laboratory in connection with the operating room this may now be done within five minutes while the operation is in progress. However, the differential diagnosis between these malignant neoplasms, before or coincident with operation, has to the surgeon only an academic and scientific interest, as the treatment for all is the same, total ablation.

The real point of value is that a diagnosis be made at the earliest possible moment, so that early and complete



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operation can be done. From this point of view the laboratory in association with the operating room is invaluable.

Operation and Results.—The increasing satisfaction with which even the most pessimistic of us can now view the results of operative treatment of malignant neoplasms, is, as has been shown by Halsted, in carcinoma of the female breast, in direct ratio with the earliness with which a diagnosis is made and the thoroughness with which the operation is done. We should not wait until it is possible to make a clinical diagnosis, for then it is too late, but should operate at once on the least suspicion of malignancy and let the microscope determine the nature of the tumor and therefore the character of the operation. It is quite sure that up to the present time operation has always been done too late, and as a consequence results have been most discouraging.

In the cases of chorion-epithelioma occurring in the male and which, so far as we have had access to the literature, do not exceed five in number, the result has invariably been fatal, but it must be said that the operations have all been extremely late.

Whatever the future may hold out to us in the way of treatment for all malignant growths, nothing is more sure than this, that at the present time early and radical surgery is imperative.

PATHOLOGY.

Historical.—The first mention we have of this new growth being described near enough to be identified with what we now know as chorio-epithelioma was when Sanger, in 1889,

*Wien, Kl. Wochenschr., 1902, Vol. CLXIX, 220-240.
†Archive für Gynaekologie (Berlin), Vol. LXVI, 3.
‡Jour. A. M. A., Vol. XLII, 1464, Schmauch.

wrote a very able article on "Deciduoma-Malignum." Again in 1893 Sanger reported tweny-six cases, the majority of which were secondary to hydatid mole. Not a few occurred following abortion. Following this came several other case reports and, more or less definite, descriptions of what seems to be the same new growth, the most prominent of them being Klein, Lohlein, Frankel, Teacher and Veit.

About 250 cases of this new growth, variously named, had been reported previous to 1905, since which time, and to the present date, less than thirty-five cases of true chorio-epithelioma, where this new growth occurred in the male, or in the non-parous woman or virgin, have been recorded.

Nomenclature.—Earlier writers variously designated this new growth as sarcoma-deciduo-cellulare, decidual carcinoma, giant-celled sarcoma, etc. This was well enough before its origin had been definitely determined. Any name, however, having sarcoma or carcinoma appended is a misnomer from the fact that this new growth is neither of hypo- nor epiblastic origin, as are endo- and epitheliomata, nor is it of mesoblastic origin as are sarcomata. Chorio-epithelioma is of trophoblastic origin, being derived from the chorionic villi or syncytial sheet; the cellular element being derived from the cellular portion of the chorion, styled Langhan's layer.

It will be necessary to digress here for a moment in order to express the true sense of this paper. Deciduoma-malignum, properly called, is the result of metastasizing; from the physiological decidua, into the adjacent or adjacent and remote, maternal organs; of, either an excess of normal decidua, or because of lessened resistance of uterine walls, but more probably both. This deduction is from the ideas advanced by the majority of the best authorities on this subject. True chorio-epithelioma, on the contrary, must have its origin from having a part of the chorionic and cellular portion of the decidua metastasized into the fetus early in pregnancy.

Etiology.—Chorio-epithelial deportation occurs early in pregnancy through the allantois. Less probable is the theory that later in fetal life (about the beginning of, or during, the fifth month) portions of syncytium are deported through the fetal circulation. Extreme deportation of syncytium must be regarded as malignant, whether it occurs in the maternal structures or metastasizes into the fetus. The syncytium was formerly supposed to be, primarily, a maternal structure; however, it is developed out of the trophoblast, which is obviously epiblastic (fetal).

The maternal tissue so far from showing proliferation when in contact with syncytium shows degeneration. The edacious properties of the trophoblast, which even in normal conception manifests, up to a certain point of the development of the ovum, characteristics simulating those of malignant growth, which are lost when the maternal tissues are able to overpower the edacious properties of the trophoblast, except, possibly, so far as the production of pulmonary metastases is concerned.

It is, therefore, obvious that any perversion of the edacious power of the trophoblast, or failure of the resistance of the maternal tissues and consequent failure of equilibrium may result in perverted nutrition and a consequent metastasis of this structure making up tumors composed of syncytium and individual cells with a few villi, either normal, as to their mesoblastic cores, or by hydatidiform, or chorio-epithelioma proper when metastasizing into the fetus.

Embryology.—The most plausible theory as regards chorionic deportation into the fetus, is, that it occurs early in pregnancy through the allantois. The allantois is, from the first, contiguous with the chorion. The student of embryology so often encounters the precocious development of the allantois which is one of the most striking points about the human embryo. This may be connected with the precocious appearance of the vascular layer of the blastodermic vesicle, and both features, in so far as they are exceptional, may be regarded as examples of development.

That the Müllerian ducts unite and give rise to the uterus-masculinus, a small pocket-like diverticulum from the dorsal wall of the prostatic portion of the urethra, coupled with the fact that the allantois is intimately connected so near the site of the origin of the male generative organs, gives us a clue to the reason that the generative organs are the site of election, whenever metastasis occurs into the male fetus.

Histo-Pathology.—During fetation the syncytium acts as a specialized gland, carrying on its function to balance between maternal and fetal metabolism, both constructive and destructive, by diastatic action. Several authors have offered theories more or less plausible, but that of Veit seems most acceptable. He gives a very able discussion as to how the normal villi in pregnancy, together with their syncytial coverings, may be carried to the most remote parts of the fetus. He further cites that this is only on account of the cytolitic equilibrium being disturbed. This would be undiscovered possibly always, and nothing of a pathologic nature develop, should this portion of deported syncytium be molested so as to be deprived of its power to proliferate, as well as of its edacious properties. But, on the other hand, should this deported syncytium not be deprived of these properties, and let there be added an exciting causative factor, such as mechanical irritation, trauma, or a lessened resistance of the parts surrounding, then it may make itself manifest by—(a) local, (b) general, symptoms; because of its capability to rapidly proliferate and metastasize.

Many heretofore have sectioned this new growth, and finding that portion containing the cellular element have pronounced it large, round-celled sarcoma (Fig. 2), or, on the other hand, finding cross sections of the villi (Fig. 1), have pronounced it giant-cell sarcoma. The field after a section is carefully prepared and stained, shows marked unevenness in staining, necrotic-like areas appearing. The peculiar staining qualities, as regards sections of this new growth, gives a hint with what we have to deal before examining the same microscopically. Frozen sections are by far the most satisfactory, because of rapidity, allowing one to observe sections from several parts of the suspected mass in a short time.

Chemistry.—A theory has been advanced that the placental tissues, being foreign to the maternal organism in so far as they are derived from the ovum, give rise to the production of antibodies (syncytiolysins) by the mother, which are toxic for pregnant animals. So far, we have found but very little as regards the chemistry of this new-growth, excepting that the edacious properties of the same may be explained more fully by alleging the same to be chemotaxis.

CONCLUSIONS.

1. We know that when this new growth occurs by metastasis locally (within the maternal organs), or metastasizes into the fetus, that it is through the circulation.

2. If perverted in the performance of its physiological function, the chorion will become pathological for either the mother or deposit within the fetus a foci for a future fatal new-growth.

3. When there exists an excess of syncytium, and nature is unable to accommodate the same, there is then an extreme probability of the same metastasizing.

4. Owing to the fact that deportation occurs through the circulation instead of the lymph ducts, this new-growth very early assumes a rapidly increasing and very unfavorable condition for recovery.

5. Even an early diagnosis, with prompt surgical intervention, can at the best give only a very guarded prognosis.

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SMALLPOX IN TEXAS.

There has not been a year recently when smallpox was so prevalent in Texas. Over 120 counties report the disease. When it appears among the negroes quarantine methods are of little value; as some one said, "you can't quarantine a negro after dark any more than you can a dog." The Tarrant county pesthouse was recently opened to receive a bevy of smallpox cases appearing in a business college, over which the leader of the State anti-vaccination movement presides.

LAPAROTOMY IN TUBERCULOUS PERITONITIS, WITH REPORT OF CASE.*

BY

W. M. YATER, M. D.

CLEBURNE, TEXAS.

On October 30th I opened the abdomen of Mrs. B. C. J., age 28, to correct a retro-displacement of the uterus and to deal in a conservative way with any pathologic findings of the tubes and ovaries. The patient gave permission to remove the appendix, if thought advisable, but under no circumstances whatever would she consent to the removal of either the tubes or the ovaries. She had been given to understand by a leading surgeon of Dallas, in whose opinion I heartily concurred, that in all probability more or less cystic degeneration of the ovaries existed. Her health had been failing for several months, with backache, extreme nervousness and loss of flesh. As was revealed after the operation she had required for several weeks the daily administration of morphin to overcome more or less pain and discomfort in the pelvic region and to overcome insomnia. It was apparent that her health was rapidly failing.

She was given the usual preparation for laparotomy cases, and when on the operating table, while the abdomen was being scrubbed, I was surprised to note its fullness and made inquiries to know if the usual dose of castor oil had been given the previous evening, and if it had thoroughly emptied the bowels.

On opening the abdomen when the peritoneum was divided between tissue forceps a large quantity of water gushed out. I was slightly confused for a moment, thinking perhaps that the bladder had not been emptied before being brought from her room to the operating table. A little observation on my part soon convinced me that it was not urine, but free fluid in the peritoneal cavity, amounting to perhaps one quart. The uterus had been curetted, as a first step, and a large tampon placed in the vagina to aid in more easily reaching the uterus after the abdomen was opened. With the patient in a Trendelenberg position the uterus was brought up and the adnexa examined. They presented grossly a pathological appearance. The tubes were very much enlarged, one had a small hydrosalpinx with its free end occluded; both were highly injected and covered with hundreds of miliary points. Portions of the intestines, and especially the cecum and appendix, were also covered with miliary deposits, highly vascularized. The appendix was dissected out with much difficulty, requiring fifteen or twenty minutes in an effort to reach its submerged tip, and finally this was only accomplished after the base of the appendix was divided between forceps, and each end treated with carbolic acid and alcohol. After the stump had been buried in the usual way with the purse-string suture, it was then possible to work from the base to the tip of the appendix, and finally to remove it. It pointed upwards, outwards and backwards behind the cecum. A part of the peritoneum was stitched over the purse-string suture.

The uterus was suspended after the method of Gillian, modified by Mayo. Both ovaries seemed somewhat atrophied and hard. There were no points of cystic degeneration. The tuberculous end with the hydrosalpinx of the left tube was removed, being about one-fourth of the tube. I would have been very glad to have completely removed both tubes. The ovaries seemed almost, but not altogether, free from the miliary deposits.

This operation was done about six weeks ago. The patient left the hospital in twelve days, has since gained ten pounds in weight and feels in excellent health. Has had only one dose of morphin since the operation, and that on the night following the operation.

This case aroused my interest in the subject of tuberculous perotinitis, and I have carefully reviewed the literatur. Just at this time the entire subject of tuberculosis is of international interest and one is justified in hoping that some monumental discovery will ere long be made for the alleviation of tuberculous infection which can be dealt with successfully, when recognized early.

It is stated by Dr. George Ben Johnson, who is the author of the article on tuberculous peritonitis, in Kelly and Noble's work, recently issued, that a knowledge of peritoneal tuberculosis dates back to 1825. However, it was in 1884 that this subject began to attract attention. In 1862 Sir Spencer Wells performed a laparotomy on a young woman, age 22, who was believed to be suffering from an ovarian tumor. Upon opening the abdomen he found a typical picture of tuberculous peritonitis, removed the effusion and closed the incision. The patient recovered, was married several years later, and twenty-five years after the operation maintained her good health. In 1884 Konig advised surgical intervention in tuberculous peritonitis. Thereafter many surgeons adopted the surgical treatment of this affection and large lists were published showing very flattering results following the operation, the principal feature of which consisted in opening the peritoneal cavity and draining away the accumulated fluid. It was thought that the atmosphere, and especially the sunlight, had much to do in destroying the tubercle bacilli. I remember seeing some six years ago Professor Goffee of New York City open the abdomen of a patient and allowing several pints of ascitic fluid to escape, and having his assistants roll the operating table to one side of the room where the rays of the sun fell directly in the abdominal cavity of the patient. His statement at that time was that a great many patients recovered principally from this alone being done.

The favorable results reported did not last so long, as it was found that the improvement in a great many of the patients was only temporary. After a period of two years the percentage of recovery had dwindled down as reported by some authors, from 75 or 80 per cent of cures to 25 per cent.

For the past six or eight years the surgical treatment of tuberculous peritonis has been attacked very strongly by the general practitioners, who by medicinal and hygienic measures are able to present tabulated reports and statistics, which, to say the least, strongly challenge the right of the surgeon to undertake a cure by operative procedure. Osler, in this country, gave the subject especial attention. He was the first to make a histological study of the procedure of cure, after abdominal section. His conclusions were that tuberculous peritonitis is often a latent infection localized in the peritoneum; that as in other local tuberculous processes there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed, also, that the statistical evidence shows laparotomy to be in many cases only palliative, in others a curative measure. Tuberculosis of the peritoneum is by no means a rare affection; however, it is almost invariably of secondary origin. In women it is more often secondary to an infection of the tubes, ovaries and, also, the appendix. In men it may be from the appendix and cecum, also the epididymis. Mesenteric glands may first become infected before the peritoneum is involved. Tuberculous ulceration of the bowels may be the primary infection. The main point which appears not to be settled is whether the surgeon or the general practitioner is best suited to treat this affection. At present the surgeon contends for a large per cent of these cases, while the wisdom of this procedure is strongly opposed by many practitioners of national and international repute.

The Mayos have operated upon a large number of these cases and strongly insist upon one point: that is, after the abdomen is opened and the fluid removed, if possible the original focus of infection should also be removed. It may be the appendix, the cecum or the tubes and ovaries. They oppose drainage.

Neff, who for a number of years assisted Murphy, has taken much interest in the subject and states that a permanent cure occurs in about 50 per cent of the cases operated upon. He does not believe in irrigation, or any medication of the abdominal cavity. Ochsner says that a review of the literature has convinced him that those surgeons who insist on thoroughness in this affection have the most unsatisfactory results. In his experience recovery has been somewhat more rapid when performed on cases in which a glass drainage tube covered with iodoform gauze was inserted in the cul-de-sac of Douglass and withdrawn as soon as it ceases to drain.

Shattuck states that the rule adopted at the Massachusetts General Hospital consists of opening the abdomen, flushing with salt solution or plain water and removing large masses of tuberculous tissue when found. The abdomen was closed in thirty-two cases, drained in twenty. Forty-six of the fifty-two recovered.

Many years ago Lawson Tate gave it as his opinion that

*Read before the Section on Surgery of the North Texas District Medical Association, Dallas, December, 1908.

drainage, irrigation and medication of the abdominal cavity in these cases was not helpful, but positively undesirable. Sir Frederick Treves has shown from an analysis of 300 cases that the best possible results are obtained when the abdominal cavity is neither flushed out or drainage inserted. In Lexer & Bevans the statement is made that the favorable results following laparotomy in many cases is due to the passive hyperemia following the operation. hTe late Professor Pryor of New York also makes a similar statement in his work on gynecology. Von Ruck of North Carolina, in discussing tuberculin, states that he is inclined to believe that the effects of the tuberculin is similar to that following laparotomy in tuberculous peritonitis. Nassauer, on reopening the abdomen three hours after the operation, observed an intense hyperemia of a degree which he says can not be appreciated unless actually seen.

Such statements as these seem to confirm in my mind the Bier hyperemia treatment of many infectious processes, and is calculated to inspire faith in the Bier hyperemia treatment and also lends support to the opsonic idea of Wright and others. If a laparotomy and also tuberculin produce passive hyperemia, possibly this gives us the explanation of a cure. It is generally believed by all authors that the form of tuberculous peritonitis resulting in a dropsical effusion offers the most favorable indication for surgical intervention. Mayo in a large experience found a great many cases temporarily benefited relapsed unless the primary focus was removed at the time of evacuating the fluid.

On the question of drainage, it may be stated that a majority of surgeons agree that drainage should be avoided. Some authors claim that women suffer more frequently than men, and that the greatest period of liability is between the ages of twenty and forty years. This statement is made in Keen's Surgery. It was stated by Pryor that tuberculous peritonitis is more common in the negress and that it seldom produced general tuberculosis. Pryor was in the habit of washing the abdomen out with normal salt solution and then to close without drainage. It was his custom to allow a pad of 20 per cent iodoform gauze to rest upon the points most severely infected for several minutes before closing the abdomen. It was his opinion that the release of the intra-abdominal pressure after the evacuation of the fluid allowed a sufficient influx of blood to the peritoneum to destroy the bacilli. In two of his cases he was able in the fibrinous types of the disease to work down to the floor of the pelvis and introduced a large drain of iodofor mgauze; both cases recovered.

Moynihan, perhaps one of the ablest of the foreign writers, states that some surgeons are fond of introducing into the abdomen iodoform gauze, others of washing out of the peritoneal cavity, others of inserting gauze drainage through the vagina. All these, he states, are unnecessary. To open the abdomen, remove the fluid and then close is all he believes necessary to insure success. He emphasizes the importance of the utmost gentleness throughout. He states that the success of this procedure in bringing about a cure is not quite clear to his mind. Moynihan believes that the fluid poured out by the peritoneum after closure of the wound, like the fluid found in the general peritoneum when a localized appendicitis is present, is actively anti-bacterial, and that it exerts a potent deleterious influence upon the tubercle bacillus. It is certain that in many cases, probably in all, an effusion does occur into the peritoneum in sufficient quantity to be easily recognized on palpation and percussion. Moynihan in summing up says that surgical measures should be adopted in only in those cases of tuberculous peritonitis in which there is effusion of fluid into the general peritoneal cavity. In these cases a decided benefit results from the operation. The immediate effect is often remarkably good and the number of cases in which a perfectly satisfactory result is obtained is at least 50 per cent of the whole. The fibrous and ulcerated forms of tuberculous peritonitis are not suitable for operation. Operation in these cases certainly does harm rather than good. He does not think it advisable to postpone operation after three to six months general medical and hygienic management fails to effect a cure.

There was one interesting feature about the case which I have reported to which I wish to refer. This lady had assisted from three to four weeks in nursing what was supposed to be a case of typhoid fever, but which has since proved to be a case of general tuberculosis. She was thrown with the case two months before I operated upon her. and this has raised the question as to the probability of her having become infected while nursing this case. Just at present her health is improving, but I am also fearful that the fluid is reaccumulating in the peritoneal cavity. I have her consent now that if it should be found necessary to reopen her abdomen, that this time she will lay no restrictions on what shall or shall not be done, leaving that to my judgment, as she should have done in the first operation.

I remember during an operation on a patient seen at the Mayo's clinics similar to mine that Dr. William Mayo took great pains to emphasize the importance of dealing with the original focus of infection, which in his case was only one tube, however, in mine both tubes and the appendix were involved. Dr. Bainbridge of New York City, is in the habit of permitting large volumes of oxygen to enter the peritoneal cavity. Calling to mind the effect of oxygen of the air on the tubercle bacillus, I am now inclined, if I have occasion to reopen this patient's abdomen, to introduce oxygen for several minutes. I shall also adopt Pryor's method of laying a 20 per cent iodoform gauze pack for a few minutes over the site of the worst deposits of miliary points. I am also favorably impressed with Ochsner's idea of drainage by a glass tube and the iodoform gauze by way of the cul-de-sac, provided there is much ascites. Spontaneous cure occurs in a great many cases and it is this fact which renders the surgeon's claim open to question.

MISCELLANEOUS.

ANNOUNCEMENT AND PROGRAM

OF THE

Forty-First Annual Meeting

OF THE

State Medical Association of Texas

Galveston, May 11, 12, 13, 1909

OFFICERS

Dr. H. W. Cummings, President.....Hearne.
Dr. J. M. Inge, Vice President.....Denton.
Dr. A. Garwood, Vice President...New Braunfels.
Dr. W. A. Wood, Vice President..Hubbard City.
Dr. I. C. Chase, Secretary.....Fort Worth.
Dr. C. A. Smith, Treasurer.....Texarkana.

PRESIDENTS OF AFFILIATED DISTRICT SOCIETIES

First and Second Districts.—Dr. John Preston, Austin.
Third District.—Dr. W. N. Wardlaw, Plainview.
Fourth District.—Dr. C. M. Alexander, Coleman.
Fifth District.—Dr. George H. Moody, San Antonio.
Seventh District.—
Eighth District.—Dr. E. A. Malsch, Victoria.
Ninth and Tenth Districts.—Dr. J. M. O'Farrell, Richmond.
Eleventh District.—
Twelfth District.—Dr. M. P. McElhannon, Belton.
Thirteenth District.—Dr. Chas. B. Gant, Graham.
Fourteenth District.—Dr. J. W. Largent, McKinney.
Fifteenth District.—Dr. T. F. Kittrell, Texarkana.

BOARD OF TRUSTEES

Dr. C. E. Cantrell (four years).....Greenville.
Dr. W. E. Sturgis (three years)....Stephenville.
Dr. S. C. Red (two years).....Houston.
Dr. W. R. Thompson (one year)...Fort Worth.
Dr. J. S. Lankford (term expires)..San Antonio.

COUNCILORS

First District.

DR. S. T. TURNER (term expires).....El Paso.

Second District.

DR. N. J. PHENIX (two years).....Colorado.

Third District.

DR. D. R. FLY (one year).....Amarillo.

Fourth District.

DR. J. W. MCCARVER (term expires)..Brownwood.

Fifth District.

DR. W. A. KING (one year).....San Antonio.

Sixth District.

DR. H. J. HAMILTON (one year).....Laredo.

Seventh District.

DR. J. C. ANDERSON (two years).....Granger.

Eighth District.

DR. S. A. FOOTE (two years).....Bay City.

Ninth District.

DR. JOHN T. MOORE, Ch'man (two years) Galveston.

Tenth District.

DR. D. S. WIER (two years).....Beaumont.

Eleventh District.

DR. JAS. A. HILL (term expires).....Groveton.

Twelfth District.

DR. G. S. MCREYNOLDS (one year).....Temple.

Thirteenth District.

DR. J. M. BRITTON (term expires).....Cisco.

Fourteenth District.

DR. C. A. GRAY (term expires).....Bonham.

Fifteenth District.

DR. HOLMAN TAYLOR (one year).....Marshall.

DELEGATES TO THE A. M. A.

Regular.

DR. S. T. TURNER (two years).....El Paso.
DR. FRANK PASCHAL (one year)....San Antonio.
DR. J. T. WILSON (one year).....Sherman.
DR. C. E. CANTRELL (two years).....Greenville.
DR. A. C. SCOTT (one year).....Temple.

Alternate.

DR. RUSSELL CAFFERY (one year)...San Antonio.
DR. J. O. MCREYNOLDS (one year).....Dallas.
DR. T. F. KITTRELL (two year).....Texarkana.
DR. M. L. GRAVES (one year).....Galveston.
DR. R. W. KNOX (two years).....Houston.

COMMITTEES

Public Policy and Legislation.

DR. H. W. CUMMINGS.....Hearne.
DR. I. C. CHASE.....Fort Worth.
DR. W. B. RUSS.....San Antonio.
DR. JAS. A. HILL.....Groveton.
DR. J. A. HOLLOWAY.....Round Rock.

Insurance.

DR. J. W. LARGENT.....McKinney.
DR. HOLMAN TAYLOR.....Marshall.
DR. C. E. CANTRELL.....Greenville.

Collection and Preservation of Records.

DR. R. H. HARRISON.....Columbus.
DR. T. T. JACKSON.....San Antonio.
DR. JOHN T. MOORE.....Galveston.

Institution for Care of Indigent Consumptives.

DR. FRANK PASCHAL.....San Antonio.
DR. M. M. SMITH.....Dallas.
DR. W. S. CARTER.....Galveston.

Texas Representative of the National Council on Medical Education.

DR. JOHN T. MOORE.....Galveston.

Memorial Resolutions.

DR. C. P. YEAGER.....Corpus Christi.
DR. JOHN T. MOORE.....Galveston.
DR. R. E. B. BLEDSOE.....Somerville.

Railroad Contract Practice.

DR. D. R. FLY.....Amarillo.
DR. R. W. KNOX.....Houston.
DR. J. W. IRION.....Fort Worth.

Public Lectures.

DR. D. R. FLY.....Amarillo.
DR. BACON SAUNDERS.....Fort Worth.
DR. ALBERT WOLDERT.....Tyler.

Fund for the Enforcement of Public Health Laws.

DR. H. W. CUMMINGS.....Hearne.
DR. W. M. BRUMBY.....Austin.
DR. JAS. A. HILL.....Groveton.

Education of Women.

DR. MALONE DUGGAN.....San Antonio.
DR. J. M. FRAZIER.....Belton.
DR. W. W. LONG.....Sulphur Springs.

Announcements for Annual Meeting

Business

Members on arriving in Galveston should first visit the registration offices at the Tremont Hotel, where members will be registered, badges and programs distributed, and a bureau of information be found. The Reception Committee will there direct all to comfortable quarters.

All mail, telegrams and telephone messages should be addressed care of the State Medical Association of Texas, Galveston, care of Tremont Hotel.

Those desiring space for exhibition purposes should apply to Dr. J. J. Terrill, Galveston.

Rates of one and one-fifth fare for round trip have been secured from the railroads. Tickets on sale May 9th, 10th and 11th, good for return on or before the 15th.

Special trains will leave Fort Worth and Dallas for Galveston on the Santa Fe, leaving Fort Worth at (*) p. m. and Dallas at (*) p. m., May 10th, arriving at Galveston 7 a. m. on the 11th. Reservations should be made at the city ticket offices of this road in each city.

Social

TUESDAY.

4:00-6:00 p. m.—Ladies' Surf Party at the "Breakers," leaving Tremont Hotel at 3:30 p. m.
5:30-6:30 p. m.—Boat ride on Bay for physicians. Boats leave the pier near the medical building.

WEDNESDAY.

10:00 a. m.—Automobile ride over city and on beach for visiting ladies.
4:00-5:30 p. m.—Reception to visiting ladies by Mesdames J. E. Thompson and Edward Randall, at the residence of Mrs. J. E. Thompson, Thirty-third and Broadway.

* At time of going to press the time of specials could not be determined. It will be announced in the May Journal.

6:00 p. m.—General bathing party for physicians and visiting ladies, followed by fish supper, music and dancing, at the "Surf."

THURSDAY.

10:00 a. m.—Boat ride on Bay for visiting ladies, followed by luncheon on the fishing pier on North Jetty. Boats return by 3:00 p. m.

Local Committees

Arrangement Committee.—DRS. DAVID H. LAWRENCE, W. S. CARTER, M. L. GRAVES.

Finance Committee.—DR. A. W. FLY, Chairman.

Transportation Committee.—DR. GEO. H. LEE, Chairman.

Registration Committee.—DR. JOHN T. MOORE, Chairman.

Exhibit Committee.—DR. J. J. TERRILL, Chairman.

Ladies' Reception Committee.—MRS. EDWARD RANDALL, Chairman.

Hotel Committee.—DR. W. P. BREATH, Chairman.

Press Committee.—DR. H. O. SAPPINGTON, Chairman.

Reception Committee.—DR. EDWARD RANDALL, Chairman.

Boat Committee.—DR. J. H. RUHL, Chairman.

Hotels

Tremont (American), $2.50 and $3.00 without bath; $4.00 with bath.

Seaside (Both Plans), $2.25 per day (including meals); $1.00 room without meals.

Love's (European), $1.00 per day.

Palmette (European), $1.00.

Royal (European), $1.00.

Washington (European), $1.00; or $1.50 and $2.00 (American).

Boulevard (American), $2.00 and $2.25.

Beach View (European), $1.00.

Ocean House (European), $1.00.

New City (American), $1.50.

Atlanta (American), $1.00.

N. B.—The Seaside, Boulevard, Beach View, and Ocean House are located on the Beach. Most of these are operated on the European plan, charging $1.50 where two persons occupy one room. Those desiring accommodations should write Dr. W. P. Breath, Galveston, who will secure reservations in advance.

HOUSE OF DELEGATES

FIRST MEETING, TUESDAY, MAY 11TH, AT 4 P. M. UNIVERSITY BUILDING

ORDER OF BUSINESS

1. Call to order.
2. Roll call and announcement of result.
3. Reading of minutes of previous meeting.
4. Report of Committee on Arrangements.
5. Report of Secretary.
6. Report of Treasurer.
7. Report of Trustees.
8. Report of Chairman of Board of Councilors.
9. Report of Committee on Public Policy and Legislation.
10. Report of Special Committees.
    - Committee on Collection and Preservation of Records.
    - Committee on Institution for Care of Indigent Consumptives.
    - Committee on Insurance.
    - Representative of the Committee on Medical Education.
    - Committee on Railroad Contract Practice.
    - Committee on Public Lectures.
    - Committee on Fund for Enforcement of Public Health Laws.
    - Committee on Education of Women.
11. Reading of Communications.
12. Reading of Memorials and Resolutions.
13. Unfinished Business.
14. New Business.
15. Election of Officers (morning of last day). President, three Vice Presidents, five Councilors, and one Trustee.
16. Appointment of Standing Committees.
17. Appointment of Special Committees.
18. Appointment of Section Officers.
19. Selection of time and place of next Annual Session.
20. Adjournment.

SCIENTIFIC BODY

First Day, Tuesday, May 11th

10 A. M., SCOTTISH RITE CATHEDRAL, TWENTY-SECOND AND CHURCH STREETS

OPENING PROGRAM

Invocation,
REV. CHARLES S. AVES, Galveston.

Address of Welcome on Behalf of the City,
HON. H. A. LANDES, Mayor.

Address of Welcome on Behalf of the Galveston County Medical Society,
DR. MARVIN L. GRAVES, Galveston.

Response and President's Annual Address,
DR. H. W. CUMMINGS, Hearne.

SECTION ON PATHOLOGY

1:30–5:30 P. M., HALL 1

DR. J. M. FRAZIER, Belton, Chairman.
DR. K. H. BEALL, Fort Worth, Secretary.

1. *Chairman's Address—"The Autopsy as a Practical Aid in the Study of Pathology,"*
2. *"Traumatic Rupture of the Spleen, with Report of Cases,"*
   DR. HENRY HARTMAN, Galveston.
3. *"Three Unusual Neoplasms of the Uterine Adnexa, with Exhibition of Specimens,"*
   DR. B. F. STOUT, San Antonio.
4. *"Some Hypernephromata,"*
   DR. J. J. TERRILL, Galveston.
5. *"The Pathology of an Appendix and Ovary Removed Four Hours After an Accident,"*
   DR. M. A. WOOD, Galveston.
6. *"Hydrophobia,"*
   DR. JOHN D. COVERT, Fort Worth.
7. *"Fibroma Molluscum,"*
   DR. F. S. LITTLEJOHN, Marshall.
8. *"The Pathology of the Adrenals,"*
   DR. F. A. BALDWIN, Dallas.
9. *"The Germicidal Effects of Biniodid of Mercury and the Violet Ray,"*
   DR. E. F. COOKE, Houston.

SECTION ON STATE MEDICINE AND PUBLIC HYGIENE

1:30--5:30 P. M., HALL 2

DR. F. E. DANIEL, Austin, Chairman.
DR. L. B. BIBB, Austin, Secretary.

1. *Chairman's Address,*
2. *"Report of Organization of Texas Anti-Tuberculosis Association,"*
   DR. W. M. BRUMBY, State Health Officer, Austin.
3. *"Compulsory Notification in Tuberculosis; the Necessity and Feasibility of a State-wide Measure,"*
   DR. THEO. Y. HULL, *San Antonio.*
4. *"Curtain Lecture on Sanitation,"*
   DR. W. H. BLYTHE, Mt. Pleasant.
5. *"Musca Domestica as a Transmitter of Disease, with Remarks on the Improvements of Sanitary Conditions of Country Homes and Villages,"*
   DR. A. L. LINCECUM, Louise.
6. *"The Public School and the Prevention of Tuberculosis,"*
   DR. J. S. LANKFORD, San Antonio.
7. *"The Civic Obligations of the Medical Profession,"*
   JAMES N. WILKERSON, Fort Worth.

SOCIAL

5:30-6:30 p. m.—Boat ride on Bay. Boats leave pier near the Medical College.

NIGHT SESSION

MEMORIAL EXERCISES

8--9:30 P. M., SCHOTTISH RITE CATHEDRAL, 22ND AND CHURCH STREETS

Invocation,
REV. R. M. HALL, Galveston.

Exercises, in Charge of the Memorial Committee: Drs. C. P. Yeager, Corpus Christi; Jno. T. Moore, Galveston; R. E. B. Bledsoe, Somerville.

Benediction,
REV. C. E. FREEMAN, Galveston.

SPECIAL JOINT SESSION

HOUSE OF DELEGATES WITH GENERAL BODY

9:30--11:00 P. M., SCHOTTISH RITE CATHEDRAL, 22ND AND CHURCH STREETS

1. Report of Trustees.
2. Report of Treasurer.
3. Report of Secretary.
4. Report of Committee on Public Policy and Legislation.
5. Report of Committee on Public Lectures.
6. Report of Committee on Education of Women.
7. Report of Committee on Fund for the Enforcement of Public Health Laws.

Second Day, Wednesday, May 12

SECTION ON SURGERY

9 A. M.--6 P. M., HALL 1

DR. FRANK L. BARNES, Trinity, Chairman.
DR. W. G. JAMESON, Palestine, Secretary.

1. *Chairman's Address—"Proficiency vs. Commercialism."*
2. *"Goiter and Its Surgical Treatment,"*
   DR. CHAS. H. MAYO, Rochester, Minn.
3. *"Limitations of the Bismuth Paste Treatment in Chronic Suppurative Diseases,"*
   DR. EMIL G. BECK, Chicago, Ill.
4. *"Some Notes on a Year's Surgery at the U. S. Sanatorium for Tuberculosis at Fort Stanton, New Mexico,"*
   DR. WM. KEILLER, Fort Stanton, N. M.
5. *"Some Points on the Development and Anatomy of the Rectum, with Particular Reference to the Origin and Spread of Cancer,"*
   DR. JAMES E. THOMPSON, Galveston.
6. *"A Plea for a More Thorough Knowledge of Surgical Pathology."*
   DR. R. D. GIST, Amarillo.
7. *"Hernia, with Special Reference to Traumatic Origin,"*
   DR. BACON SAUNDERS, Fort Worth.
8. *"Modified Bassini Operation for Inguinal Hernia,"*
   DR. W. A. DURINGER, Fort Worth.
9. *"109 Cases of Hernia, Operated on with Cocain by the Bodine Method, without a Death,"*
   DR. W. W. SAMUELL, Dallas.
10. *"Some Gross Anatomy in Surgery of Cancer at the Pylorie End of the Stomach,"*
    DR. O. L. NORSWORTHY, Houston.
11. *"The Diagnosis and Treatment of Chronic Pancreatitis, with Report of a Case,"*
    DR. JOHN T. MOORE, Galveston.
12. *"Appendicostomy, with a Review of the Literature and Report of Cases,"*
    DR. W. B. RUSS, San Antonio.
13. *"Colecystitis as a Factor in Gastric and Intestinal Disturbances,"*
    DR. E. DENEGRE MARTIN, New Orleans, La.
14. *"Report of an Unusual Surgical Case,"*
    DR. GEORGE H. LEE, Galveston.
15. *"Tumor of the Testicle; Report of Cases."*
    DR. J. B. SHELMIRE, Dallas.
16. *"The Angiotribe Method of Treating Hemorrhoids,"*
    DR. S. P. DELAUP, New Orleans, La.
17. *"Remarkable Case of Gun-Shot Wound of the Brain,"*
    DR. R. M. WICKLINE, Austin.

SECTION ON OPHTHALMOLOGY, OTOLOGY, RHINOLOGY AND LARYNGOLOGY

9 A. M.--3 P. M., HALL 2

DR. EDWARD A. CARY, Dallas, Chairman.
DR. JOSEPH H. MULLEN, Houston, Secretary.

1. *Chairman's Address—"Further Study of Orbital Tumors."*
2. *"Importance of the Ophthalmo-Tubercular Reaction."*
   DR. JOSEPH MULLEN, Houston.
3. *"The More Recent Points in Technique of Radical Mastoid Operation."*
   DR. JOHN D. RICHARDS, New York City.
4. *"The Use of Amber-tinted Lenses for Asthenophia; Report of a Case of Acromegaly,"*
   DR. H. L. HILGARTNER, Austin.
5. *"Treatment of Chronic Suppurative Otitis Media,"*
   DR. J. H. FOSTER, Houston.
6. *"Infection of the Accessory Nasal Cavities,"*
   DR. E. R. CARPENTER, El Paso.

7. *"Complete Cleft of Palate,"*
Dr. Robt. E. Moss, San Antonio.

8. *"Pink Eye,"*
Dr. Frank D. Boyd, Fort Worth.

9. *"Traumatic Swelling of the Crystalline Lens,"*
Dr. Wallace Ralston, Houston.

10. *"The Use of Jequerity and Treatment of Chronic Trachoma,"*
Dr. J. M. Woodson, Temple.

11. *"Trachoma,"*
Dr. Crittenden Joyce, Fort Worth.

12. *"Laryngeal Diphtheria,"*
Dr. Milus L. Moody, Greenville.

13. *"The Use and Abuse of Cocain in Ophthalmology,"*
Dr. R. H. T. Mann, Texarkana.

14. *"Mastoiditis,"*
Dr. D. T. Atkinson, Dallas.

15. *"Is a Double Iridectomy Advisable in Primary Bilateral Glaucoma,"*
Dr. W. D. Jones, Dallas.

16. *"Sympathetic Ophthalmia,"*
Dr. Jno. O. McReynolds, Dallas.

17. *"Foreign Bodies in the Trachea and Bronchial Tubes,"*
Dr. L. Keplinger, Waxahachie.

18. *"Tuberculosis of the Larynx,"*
Dr. T. K. Proctor, San Angelo.

19. *"Tonsillectomy a Hospital Operation,"*
Dr. H. B. Decherd, Dallas.

20. *"Neuro-Retinitis Hemorrhagica,"*
Dr. Wesley A. Rape, Victoria.

21. *"Strabismus—Its Early Correction With Glasses and Fusion Training—Report of Cases,"*
Dr. D. L. Bettison, Cleburne.

22. *"The Importance of Diagnosis of Glaucoma by the Family Physician,"*
Dr. G. P. Hall, Houston.

(If more time is required the Section may be adjourned to another hall.)

SOCIAL

6:00 p. m.—Surf bathing for physicians and visiting ladies, followed by fish supper, music and dancing, at the "Surf."

SECTION ON PSYCHOLOGY AND MEDICAL JURISPRUDENCE

2-6 P. M., HALL 2

Dr. G. H. Moody, San Antonio, Chairman.
Dr. F. U. Painter, Pilot Point, Secretary.

1. *Chairman's Address—"The Diatheses."*

2. *"The Treatment of Syphilis from a Neurologic Standpoint,"*
Dr. Joseph Collins, New York City.

3. *"Syphilis as a Cause of General Paresis,"*
Dr. W. L. Allison, Fort Worth.

4. *"Vertigo,"*
Dr. Roy M. Van Wart, New Orleans, La.

5. *"Some Peculiar Mental Phenomena in Hemicrania,"*
Dr. F. U. Painter, Pilot Point.

6. *"Myasthenia Gravis,"*
Dr. M. L. Graves, Galveston.

7. *"Some Causes of Psychoneuroses,"*
Dr. John S. Turner, Dallas.

8. *"The Mind as a Therapeutic Agent,"*
Dr. J. D. Jordan, Madisonville.

Third Day, Thursday, May 13

SECTION ON GENERAL MEDICINE AND DISEASES OF CHILDREN

9 A. M.--6 P. M., HALL 1

Dr. J. H. Wysong, Hico, Chairman.
Dr. S. P. Rice, Marlin, Secretary.

1. *Chairman's Address—"Chronic Intestinal Autointoxication; Its Causes, Clinical Significance and Treatment."*

2. *"The Clinical Laboratory of the Internist,"*
Dr. O. I. Halbert, Waco.

3. *"An Experimental Study of the Use of Nitrates in Accidents During Anesthesia,"*
Dr. Oscar H. Plant, Galveston.

4. *"Skin Diseases and the Public,"*
Dr. Isadore Dyer, New Orleans, La.

5. *"Clinical Laboratory Examinations; Their Relation to Diagnosis and Therapy,"*
Dr. T. W. Hastings, New York City.

6. *"The Importance of Teaching Oral Hygiene in Schools, and Its Relation to Public Health,"*
Dr. L. P. Robertson, Marlin.

7. *"The Value of Electricity in General Medicine; with Photographic and Skiagraphic Illustrations,"*
Dr. J. M. Martin, Dallas.

8. *"Some Personal Observations on the Management and Treatment of Pulmonary Tuberculosis at a Climatic Resort,"*
Dr. Boyd Cornick, San Angelo.

9. *"Syphilis, a Menace to the White Race, as Predisposing the Negro to Tuberculosis,"*
Dr. B. M. Avent, Baileyville.

10. *"Does Modern Medicine Make Us Less Proficient in General Practice?"*
Dr. R. B. Sellers, Comanche.

11. *"Thoughts on Medical Ethics,"*
Dr. J. W. Largent, McKinney.

12. *"Reflex Vomiting,"*
Dr. Willis R. Smith, Colorado.

13. *"Atropia,"*
Dr. I. L. Van Zandt, Fort Worth.

14. *"Symptom Grouping in Typhoid Fever,"*
Dr. R. L. Kimmins, Iredell.

15. *"Points in the Diagnosis and Treatment of Typhoid,"*
Dr. James Greenwood, Jr., Galveston.

16. *"Mineral Wells—Its Climatology and the Therapeutic Value of Its Waters,"*
Dr. J. H. Eastland, Mineral Wells.

17. *"Medical Fraternalism,"*
Dr. T. N. Self, Cleburne.

18. *"Teething,"*
Dr. Walter Shropshire, Yoakum.

19. *"The Crossed Action of Atropin and Chloroform on the Heart,"*
Dr. W. S. Carter, Galveston.

20. *"The Diagnosis of Obscure Cases of Nephritis,"*
Dr. A. E. Austin, Galveston.

21. *"Treatment of Bronchitis in Infants,"*
Dr. W. L. Robinson, Dawson.

SECTION ON GYNECOLOGY AND OBSTETRICS

9 A. M.--6 P. M., HALL 2

Dr. J. W. Hale, Waco, Chairman.
Dr. H. M. Doolittle, Dallas, Secretary.

1. *Secretary's Address,*

2. *"Gynecological Conditions Which May Arise from Pathological Changes on the Contents of the Pregnant Uterus, with Special Reference to Chorio-epithelioma,"*
Dr. Elbert Dunlap, Dallas.

3. *"Craniotomy and Evisceration—A Plea for Rational Conservatism,"*
Dr. C. W. Truehart, Galveston.

4. *"Toxemia of Pregnancy, with Special Reference to the Pre-eclamptic Stage,"*
Dr. W. L. Crosthwaite, Holland.

5. *"Tuberculosis of the Uterus, with Report of Case; Also a Specimen of Extra-Uterine Pregnancy at Term,"*
Dr. K. H. Aynesworth, Waco.

6. *Atypical Tubal Pregnancy, with Report of Cases,"*
Dr. M. Smith, Oklahoma City, Okla.

7. *"Thoughts on Tubal Abortion Relative to Differential Diagnosis from Other Pelvic Disorders, with Illustrative Cases,"*
Dr. J. C. Hodge, Athens.

8. *"Ectopic Gestation—Report of Cases with Specimen,"*
Dr. J. E. Gilcreest, Gainesville.

9. *"Report of Four Cases of Extra-Uterine Pregnancy, With Operation and Recovery,"*
Dr. T. J. Bennett, Austin.

10. *"Ovarian Fibroid,"*
Dr. Edward G. Mathis, Manor.

11. *"Unusual Depth of Uterine Cavity,"*
Dr. J. Guy Jones, Smithville.

12. *"Modern Methods of Forceps Delivery, with Manikin Demonstrations,"*
Dr. G. V. Morton, Fort Worth.

13. *"Why So Many Puerperal Convulsions,"*
Dr. S. P. Vineyard, Amarillo.

14. *"Some Experience in Obstetrical Practice,"*
Dr. Joe E. Dildy, Lampasas.

15. *"The Importance of Early and Complete Operation in Cases of Infections and Hemorrhagic Conditions of the Abdomen,"*
Dr. J. M. Inge, Denton.

16. *"Communication from the Texas Members of the Committee of the A. M. A. on Ophthalmia Neonatorum,"*
Dr. C. E. Cantrell, Greenville.

17. *"Ureteral Fistula Following Hysterectomy, Successful Operation for Relief,"*
Dr. T. L. Kennedy, Galveston.

FEE SCHEDULES AND HOW THEY WORK.

The three physicians residing in Springtown, Parker county, recently resolved to correct the very low fee schedule there in force, and printed in the *Springtown Local* a notice to their patients, explaining that the prevailing fee schedule was inadequate to meet the needs of the medical profession, and as the cost of living had recently increased so greatly they had adopted a new fee schedule in accord with physicians' charges elsewhere. Office prescriptions and consultations were listed at $1, town visits $2, country visits $2 and mileage, obstetrics $15, and 50 per cent increase in charges after 9 p. m. (obstetrics excepted). A large percent of their patrons straight way accused them of forming a trust, boycotted them, and signed a petition to other physicians to come and practice at the former low rates. Concerning this, Dr. Alexander S. Garrett of Springtown, writes:

There are four physicians at Springtown. One of them is a very old man, and does not have much practice, which would make 90 or 95 per cent adopting the higher schedule of prices. We three physicians made an agreement among ourselves about our charges, and published them. Finding so much opposition was aroused, we published a modified schedule as a compromise. This was the schedule in force at Boyd, our nearest town. It cut prescriptions to 50 cents, visits to $1.50, night visits $2, obstetrics to $10, etc.

This action satisfied a good many, but the more rabid and exacting element still persists in trying to get other doctors to come, but I think this effort will fail. Some doctors from a neighboring town, I have been informed, sent some notes out here last week, wanting the people to obligate themselves to pay a certain amount, then they would come in and take possession of the field, but I think that has fallen through. The small towns of Reno, Agnes and Cottondale, averaging 7 to 8 miles from Springtown, each have a physician, and some of our patrons are to to some extent patronizing them.

Many of our patrons have formed a habit of getting some medicine, calomel, quinine and "fever powders," then when their families get sick, day or night, they call us up, state the case, and ask us to prescribe, for which we would receive nothing. Doctors should have pay for such telephone prescribing and consultations.

The modified fee bill is better than our former fees and we do not have so many night calls now.

Concerning the action of the Bowie doctors in listing their delinquents, Dr. Sneed Strong writes:

As to the attitude of the people toward our raise of professional fees there was some promiscuous talk about the raise and a rumor that the Farmers' Union was going to import doctors. Nothing tangible ever came of it, and it was possibly rumor and nothing else. The good people of the country, almost to a man, approved the course taken, and urge us to stay with the course we mapped out. We are doing this, and the defaulter is having a hard time.

Concerning the listing of delinquents and the adoption of a new fee schedule in Stephenville, Dr. W. E. Sturgis writes:

Relative to the new fee schedule in Stephenville, the matter was not acted on as a society, but the local doctors got together and established fees, both minimum and maximum. The greatest trouble here was the free office service, which we attempted to correct and which raised the greatest howl. This was kept up for about a year and made some trouble about collections for a time, but has all blown over, and we now have no trouble. We have slowly worked the fees up from 25 per cent to 40 per cent all along the line.

A few chronic kickers threatened to have new medical men come in, but they have not done so. In fact, the people who made the greatest racket were the ones whose practice was not worth much, and came from those who never regarded professional fees of much importance from the fact that they seldom paid one, large or small. Those doctors who were slowest to take up the matter have all dropped in line. The cheap ones are gone, and the high grade men have them practically off the map. I am sure where doctors have trouble they are needlessly alarmed. All they have to do is to sit steady in the boat and they will win. They are in no danger except from themselves.

The doctors here have all improved their equipment and libraries, and are cheaper servants at the advanced fees than they were when they worked for less; their services are better and the number of visits less. All told, both the profession and laity seem to be satisfied with existing conditions.

The Mitchell County Medical Society, at a meeting held December 29, 1908, adopted the following resolutions:

"*Whereas*, in our community there are present persons who wilfully neglect to pay bills legally due for medical service; be it therefore resolved that persons included in the above class will be refused medical service, until they make satisfactory arrangements with the physician whose accounts they have thus wilfully repudiated.

"This rule is not intended to work a hardship upon any one, all persons who are honest and just can secure the service of any physician.

"It has become necessary for us to protect ourselves against *deadbeats* and *imposters*."

Resolved: 1. That in future our patrons that are in arrears more than a year will be classed as delinquents at the discretion of the physician.

2. That each member of the Mitchell County Society furnish the Secretary of the Society a copy of the delinquents on his books with the amount due.

3. That the delinquents with one physician will be the delinquents with all.

4. That all persons whose names are on the delinquent list must make satisfactory arrangements with all physicians concerned before they can have the services of any physician of this Society.

5. That we notify each delinquent separately so as to give them a chance to set themselves straight.

OFFICERS OF THE STATE MEDICAL ASSOCIATION OF TEXAS SINCE ITS ORGANIZATION AT HOUSTON, JUNE 16, 1869

Session.	Date of meeting.	Place of meeting.	Presidents.	Vice-President.	Vice-President.	Vice-President.	Secretary.	Treasurer.
1	June, 1869	Houston	T. J. Neard	R. H. Jones	D. W Wallace		A. Connell	F. Hassenberg.
2	June, 1870	Houston	R. H. Jones	R. W. Lundy	W. J. Locke		A. Connell	W. P. Riddell.
3	June, 1871	Houston	D. R. Wallace	L. Hudspeth	J. T. Norris		A. Connell	W P. Riddell.
4	June, 1872	Houston	R. T. Flewellen	J. A. McQueen	D. F. Stuart		A. Connell	J. Larendon.
5	April, 1873	Waco	D. F. Stuart	H. W. Brown	J. M. Morrison		S. O. Young	J. Larendon.
6	April, 1874	Dallas	A. G. Clopton	T. D. Wooten	M. H. Oliver		W. A. East	J. Larendon
7	April, 1875	Austin	H. W. Brown	L. R. Mayfield	M. A. Taylor	R. H. Harrison	W. A. East	J. Larendon·
8	April, 1876	Marshall	R. H. Harrison	John H. Pope	T. W. Wylie	W. H. Park	W. A. East	J. Larendon·
9	April, 1877	Galveston	W. D. Kelly	Geo. Cupples	R. M. Swearingen	J. H. Sears	W. A. East	J. Larendon·
10	April, 1878	San Antonio	Geo. Cupples	R. W. White	W. E. Saunders	J. D. Field	W. A. East	J. Larendon·
11	April, 1879	Sherman	John H. Pope	S. F. Matchett	S. F. Starly	S. Eagon	W. A. East	J. Larendon·
12	April, 1880	Brenham	A. R. Kilpatrick	R. M. Swearingen	E. J. Beall	O. H. Seeds	R. H. L. Bibb	J. Larendon·
13	April, 1881	Waco	Ashbel Smith	S. F. Starly	J. W. McLaughlin	J. A. Summers	R. H. L. Bibb	J. Larendon·
14	April, 1882	Fort Worth	S. F. Starly	W. P. Burts	W. A. Adams	Joe S. Willis	W. J. Burt	J. Larendon·
15	April, 1883	Tyler	A. P. Brown	T. H. Nott	J. D. Osborn	Frank Allen	W. J. Burt	J. Larendon·
16	April, 1884	Belton	H. C. Ghent	E. P. Becton	H. H. Darr	M. Martin	W. J. Burt	J. Larendon·
17	April, 1885	Houston	E.P. Becton	R. Rutherford	John C. Jones	S. R. Burroughs	W. J. Burt	J. Larendon·
18	April, 1886	Dallas	T. H. Nott	R. H. Chilton	J.C. Loggins	H. L. Parsons	W. J. Burt	J. Larendon·
19	April, 1887	Austin	S. R. Borroughs	R. T. Knox	A. M. Douglass	A. A. Terhune	F. E. Daniel	J. Larendon·
20	April, 1888	Galveston	J F. Y. Paine	H. K. Leake	A V. Doak	O. Eastland	F. E. Daniel	J. Larendon·
21	April, 1889	San Antonio	R. S. Swearingen	A. Sims	B. F. Kingsley	I. E. Clark	F. E. Daniel	J. Larendon·
22	April, 1890	Fort Worth	W. P. Burts	J. C. J. King	M. D. Knox	W. W. Reeves	F. E. Daniel	J. Larendon·
23	April, 1891	Waco	W. H. Wilkes	P. C. Coleman	W. L. Rogers	B. H. Vaughn	H. A. West	J. Larendon·
24	April, 1892	Tyler	J. D. Osborn	T. J. Bell	F. W. Pitts, Jr	T. J. Bennett	H. A. West	J. Larendon·
25	April, 1893	Galveston	J. H. Sears	C. M. Rosser	E. M. Rabb	W. A. Watkins	H. A. West	J. Larendon·
26	April, 1894	Austin	J. W. McLaughlin	W. L. York	W. R. Blailock	W. L. Lancaster	H. A. West	J. Larendon·
27	April, 1895	Dallas	P. C. Coleman	J. T. Wagley	N. B. Kennedy	T. B. Bass	H. A. West	J. Larendon·
28	April, 1896	Fort Worth	J. C. Loggins	A. N. Denton	J. S. Fletcher	David Cerna	H. A. West	J. Larendon·
29	April, 1897	Paris	Bacon Saunders	S. C. Red	A. C. Scott	C. M. Alexander	H. A. West	J. Larendon·
30	April, 1898	Houston	J. T. Wilson	J. M. Fort	Taylor Hudson	R. W. Knox	H. A. West	J. Larendon·
31	April, 1899	San Antonio	A. B. Gardner	B. E. Hadra	Geo. H. Lee	F. D. Thompson	H. A. West	R. F. Miller.
32	April, 1900	Waco	B. E. Hadra	Taylor Hudson	L. Ashton	S. T. Turner	H. A. West	R. F. Miller.
33	April, 1901	Galveston	Taylor Hudson	S. C. Red	J. W. Nixon	W. A. Watkins	H. A. West	R. F. Miller.
34	May, 1902	Dallas	S. C. Red	J. E. Thompson	J. E. Gilcreest	H. K. Leake	H. A. West	R F. Miller.
35	April, 1903	San Antonio	Frank Paschal	F. E. Daniel	A. L. Hathcock	Joe Becton	H. A. West	R. F. Miller.
36	April, 1904	Austin	F. E. Daniel	Jno. T. Moore	C. E. Cantrell	Walter Shropshire	I. C. Chase	R. F. Miller.
37	April, 1905	Houston	J. E. Gilcreest	O. I. Halbert	M. B. Grace	Thos. A. Rape	I. C. Chase	R. F. Miller.
38	April, 1906	Fort Worth	G. B. Foscue	F. P. Miller	D. S. Weir	A. B. Small	I. C. Chase	R. F. Miller.
39	May, 1907	Mineral Wells	C. E. Cantrell	H. D. Barnes	D. S. Weir	A. B. Small	I. C. Chase	C. A. Smith.
40	May, 1908	Corpus Christi	H. W. Cummings	J. M. Inge	A. Garwood	W. A. Wood	I. C. Chase	C. A. Smith.

THE BOARD OF HEALTH BILL IN THE LEGISLATURE.

The Board of Health bill in the Legislature has had a tempestuous voyage. Almost every provision has been fought with the utmost persistence on the part of a few. The whole discussion has demonstrated the necessity of public education in order that laymen may understand the need of public health matters being placed entirely in the hands of a scientific and qualified body, in place of being controlled and directed by laymen of varying degrees of scientific knowledge who from time to time find political preferment. The bill that passed the Senate has a number of important amendments and provides for a poorly organized board without many assistants, and without appropriation save as granted by the appropriation committee. The power granted the board in the Senate bill, while not all that was asked for, is still very satisfactory for a beginning. The amended House bill, on the other hand, provides for a well organized board, proper assistants and appropriation, but with practically no power. It provides that the code of health must be enacted by the Legislature. It is hoped that this bill may be passed through the House, and that the bills may be sent to a free conference committee. The Senate will probably accept the organization of the House, if the House will grant more necessary power to the board. In this way a fairly good Board of Health bill may be provided. A Board of Health will be an agent for the creation of public sentiment, and from future Legislatures may be secured an increase of power as the necessity can be demonstrated. It is probable that final action upon this bill will be taken by the time this JOURNAL is in the hands of its readers, and the fate of the measure be known through the daily press.

THE "DIPPING CRACKLE" SIGN OF INTESTINAL PERFORATION IN TYPHOID FEVER.

At the first examination, which took place a few minutes after the perforation, on placing the bell of the stethoscope over the right iliac fossa and dipping suddenly with it as in dipping palpation, a very fine crackle was heard which sounded much like a fine crepitant râle, or as if two sticky surfaces were being drawn apart. This sign was present in three of the seven cases, and appears to me to be a rather valuable confirmatory sign, as it seems to be due to the fact that in dipping suddenly the parietal and visceral layers of the peritoneum come in contact for an instant and, apparently, the inflamed surfaces stick together for a moment and then pull apart. I have never found the sign present over an area of more than two inches in diameter and never later than four hours after the initial symptom, presumably because the accumulated gas prevents the surfaces from coming in contact.—*Alfred Jerome Brown, M. D., in Journal of the A. M. A.*

SMALLPOX IN PHILIPPINE ISLANDS.

In relation to smallpox, attention must be called to the fact that since the beginning of systematic vaccination in the islands over 3,515,000 people have been vaccinated against this disease with virus prepared in the government laboratory at Manila. A cessation of deaths from smallpox has followed in the provinces in which the people have been thoroughly vaccinated. In provinces where there were formerly 6000 cases of the disease annually, not one death has been reported from this disease for the past year. No cases of loss of life on account of vaccination has occurred, nor have any limbs been sacrificed, nor has there been a case of very severe infection resulting from vaccination reported. The disease has been thoroughly kept under control by vaccination alone.—*R. P. Strong, M. D., Chief of Biological Laboratory, Bureau of Science, Manila, P. I., in Journal of the A. M. A.*

THE TUBERCULIN REACTION.

Dr. E. R. Baldwin, of Saranac Lake, N. Y., in a recent paper published in the *Journal of the A. M. A.*, publishes the conclusions from 1087 conjunctival tuberculin tests by a uniform method, as follows:

1. The conjunctival tuberculin test performed with weak solutions by a single instillation has some value in confirming the presence of tuberculosis in the early stages.

2. It has little value in confirmation when the symptoms of tuberculosis are only suspicious.

3. Its value in distinguishing "active latent" from healed tuberculosis in apparently healthy persons has not yet been determined.

4. Repetition of the test in the same eye has no advantage over the cutaneous and subcutaneous tests in the percentage of reactions produced, and may be misleading and dangerous.

5. Repetition in the other eye by the author's method offers so little advantage that it can not be recommended.

6. The conjunctival reaction is unreliable for prognosis.

7. Used with the proper precautions, danger to the eye is slight and need not preclude the test when other methods are inapplicable, as when fever is present. It should be restricted to adults, since the cutaneous test has been found equally valuable for children and is harmless.

8. The cutaneous test by the simultaneous use of dilute and strong tuberculin offers a method of detecting at once or excluding tuberculous infection with no danger or inconvenience. Experience is needed to show the value of this method.

9. The subcutaneous test should be restricted to those cases in which a focal reaction at the site of the disease is desired and when the other tests result negatively.

The following conclusions were published by Dr. A. Wolf-Eisner, of Berlin:

1. The subcutaneous and the cutaneous methods are specific reactions for tuberculosis. As they both demonstrate active and latent tuberculosis, their use is extremely limited for clinical diagnosis.

2. The positive conjunctival reaction shows only active tuberculosis.

3. The conjunctival reaction in clinically healthy individuals makes the suspicion that they are affected particularly strong.

4. A negative result in those manifestly tuberculous justifies a bad prognosis.

5. In advancing tuberculosis disease, negative reactions become more frequent.

6. A positive conjunctival reaction does not justify a good prognosis, but this is the case only in the so-called *Dauer reaction* (continued reaction), a form of the cutaneous reaction.

7. It is possible to create in receptors tissues that are indifferent as regards life, such as connective tissue, these receptors attracting tuberculin and localizing the toxic action. This observation is of therapeutic value.

INSURANCE NOTES.

The following companies are now paying the $5 rate for life insurance examinations:

In Texas.

American National Life, of Galveston.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Guarantee Life, of Houston, Texas.
Inter-Southern Life, Louisville, Ky.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, of San Francisco.
Philadelphia Life, Philadelphia.
Protective Life, Birmingham, Ala.
Southwestern Life, of Dallas, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

In Other States.

Boston Mutual Life, Boston.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hartford Life, Hartford, Conn.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.
Penn Mutual, Philadelphia, Pa.
Pacific Mutual Life, Los Angeles, Cal.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.

TEXAS COUNTIES ENFORCING A FIVE DOLLAR INSURANCE EXAMINER'S FEE.

By mutual agreement, the following counties are enforcing the $5 flat rate for insurance examinations.

Anderson.	Erath.	Kaufman.	Rockwall.
Bandera.	Fannin.	Kendall.	Roberts.
Bastrop.	Fisher.	Kerr.	Robertson.
Blanco.	Floyd.	Knox.	Runnels.
Bosque.	Franklin.	Lampasas.	Sabine.
Briscoe.	Frio.	La Salle.	San Augustine.
Burnet.	Grayson.	Lee.	Sherman.
Caldwell.	Guadalupe.	Leon.	Smith.
Cass.	Hale.	Lipscomb.	Stephens.
Camp.	Hartley.	Lubbock.	Stonewall.
Childress.	Haskell.	Madison.	Swisher.
Clay.	Hamilton.	Martin.	Titus.
Colorado.	Harrison.	McMullin.	Travis.
Collin.	Gillespie.	Medina.	Upshur.
Comal.	Gonzales.	Midland.	Uvalde.
Cooke.	Hemphill.	Milam.	Van Zandt.
Dallam.	Hill.	Montgomery.	Wilbarger.
De Witt.	Hopkins.	Morris.	Williamson.
Dimmit.	Howard.	Newton.	Wood.
Eastland.	Jasper.	Nolan.	Young—89.
Ector.	Johnson.	Ochiltree.	
El Paso.	Jones.	Orange.	
Edwards.	Karnes.	Potter.	

NEWS.

The Thirteenth District Medical Society will hold its next meeting in Mineral Wells, April 13th and 14th. Preparations are being made for a large attendance.

The Next Meeting of the A. M. A.—The next annual meeting of the American Medical Association will occur at Atlantic City, June 8-11, 1909. Plan your vacation so as to include this meeting.

Shell Beach Sanitarium Company, of Corpus Christi, was chartered February 24, capital stock $20,000. Incorporators: Drs. W. E. Carruth, W. A. Ellison, C. P. Yeager, T. J. Turpin and H. R. Sutherland, all of Corpus Christi.

New Officials at Epileptic Colony.—Dr. E. P. Bass, formerly first assistant of the Abilene Epileptic Colony, has been appointed superintendent. Dr. Manton Carrick, of Dallas, has been appointed to the position of first assistant.

Dr. J. M. Britton in Ill Realth.—Dr. J. M. Britton, of Cisco, Councilor of the Thirteenth District, is in poor health, and has been for some time at Marlin. This will interfere with the prosecution of his Councilor duties for the present.

Fraternal Delegate from Louisiana.—Dr. E. M. Hummel, secretary of the Louisiana State Medical Society, announces that Dr. Isadore Dyer, of New Orleans, will visit the State Medical Association of Texas at its next meeting in Galveston as a fraternal delegate from the Louisiana State Medical Society.

Dr. Nichols Accepts Appointment.—Dr. J. R. Nichols, of Greenville, was appointed Superintendent of the Southwestern Insane Asylum, to succeed Dr. W. L. Barker. Dr. Nichols for several years was Superintendent of the Insane Asylum at Terrell. Dr. C. M. Poff, of Ennis, is to be the first on the staff of assistants.

Dr. J. H. Florence has returned from an extended trip of inspection through South Texas counties prior to the opening of quarantine against infected points in Mexico. He states that smallpox is on the decrease and the county health officers seem to have the matter under control. On account of the extremely dry weather and some little interest taken in mosquito extermination, very few mosquitoes were found. Texas is now quarantined against the State of Vera Cruz and Progresso, where yellow fever is reported.

Special Session of the Legislature.—Among the special acts for consideration by the special session of the Thirty-first Legislature, recommended by Governor Campbell, is the creation of a State Board of Health. The following is quoted from the Governor's message to the House and Senate:

"To enact adequate laws granting adequate authority and ample means to the State Health Department to properly safeguard the public health and to secure greater efficiency in our public health agency."—*Houston Chronicle.*

New Councilor for the Fourteenth District—Dr. Frank D. Boyd, of Fort Worth, has been appointed by President Cummings as Councilor of the Fourteenth District, to succeed Dr. C. A. Gray, of Bonham, resigned. Dr. Boyd is an ex-President of the North Texas District Medical Association, has been active in the work of organization, and it is believed will make an excellent Councilor. Dr. Boyd will serve until the next annual meeting of the House of Delegates.

Public Health Meeting at Galveston.—On February 26th a public health meeting was given under the auspices of the Galveston County Medical Society at Rosenberg Hall. The program was as follows:

Invocation.....Rev. Edward Stubblefield.
Violin Solo.....A. W. C. Bergfeld.
Address—"Preventive Medicine".....Dr. David R. Fly.
Song.....Medical College Quartette.
"The Vital Importance of Early Recognition, Prompt Relief and Prevention of Tuberculosis"....Dr. W. S. Carter.
Vocal Solo.....Homer Donald.
"The Urgent Necessity of Co-Operation Between Physicians and School Teachers.....Prof. E. G. Littlejohn.

Serious Charge Against Beaumont Specialist. —On complaint of the United States Postoffice Inspector, Dr. J. S. Paul, a physician practicing as a "specialist" in Beaumont, was arrested on March 13th. The complaint charges that the said Dr. Paul "did on the 16th day of February, 1909, in violation of Article 3893 of the Revised Statutes, fraudulently, feloniously and knowingly deposit, for mailing and delivery in the United States postoffice at Beaumont, a certain letter giving information, and certain articles and things intended and designed for the use of women for a purpose contrary to law." On being arraigned before the United States Commissioner, Dr. Paul had no statement to make, other than to say he was surprised at the arrest, and did not know that he had done anything in violation of the law. He was allowed $1000 bond to await the action of the Federal grand jury.

A Step to Limit Evening Work.—The physicians of Elgin, Illinois, to the number of twenty-six, have signed an agreement to limit their evening work, in the following language:

We, the undersigned physicians of Elgin, believing it to be unnecessary to be in our offices more than three evenings each week; that to ourselves and our families we owe more than we are able to give under present arrangement of office duties; and believing also that we are entitled to some recreation ourselves, and respite from professional duties (thereby making our work more efficient); and believing that a curtailment of evening office hours will in no way work a hardship or an inconvenience to the citizens of Elgin, do hereby agree to observe evening office hours on Tuesday, Thursday and Saturday evenings only, throughout the year. (Special appointments excepted.) Signed.—*Illinois Medical Journal.*

A Decision Against Benzoate of Soda in Indiana.—The case against benzoate of soda, from the standpoint of the man in the street, has been well summed up by Federal Judge Anderson in a suit brought by some manufacturers to enjoin the State Board of Health of Indiana from enforcing that portion of the pure food law relating to the use of this chemical: "I am impressed with the proposition that this stuff, benzoate of soda, is put in there for reasons which make its prohibition reasonable and proper—to cover up careless methods of manufacture. Dirt and unsanitary conditions can be concealed by putting this stuff in. It is not necessary to put it in if the materials are properly handled. If its use conceals the fact that proper methods have not been used, a rule of the State Board of Health prohibiting its use is reasonable." This is worthy of notice, as it explains Dr. Wiley's positon regarding the drug, except that a mild deleterious effect of the drug itself was demonstrated.

"Spitting Consumptives Not Welcomed in Texas."—State Health Officer.—"The physicians of America are hereby put on notice that the State of Texas no longer welcomes the expectorating consumptive. Change of climate is no longer essential, and all authorities agree that indiscriminate travel on the part of the consumptive should be discouraged. A majority of our hotels and boarding houses refuse to lodge them. Please do not send your consumptives to Texas, unless they are in the incipient stage and you have arranged beforehand for accommodations. Otherwise, they may be denied lodgment."

Dr. W. M. Brumby, State Health Officer, today sent the foregoing warning to medical and health authorities of other States through the medium of the largest medical journal now published. It is one of the first steps in a campaign to localize responsibility in the care of indigent tuberculous patients, and to advance the cause of scientific control of the disease. Dr. Brumby is very much pleased with the bill introduced in the Senate by Senator Hudspeth, authorizing the State Health Officer to return indigent consumptives to their homes in this State when they have wandered to a distant community.—*Dallas News.*

A Change in the Form of the Federal Guaranty Legend.—The Federal Food and Drugs Act of 1906 provides that the retailer of an adulterated or misbranded article shall be exempt from prosecution if he can establish a guaranty signed by the manufacturer or wholesaler to the effect that the articles are not adulterated or misbranded within the meaning of the act. Hence the legend: "*Guaranteed under the Food and Drugs Act, June 30, 1906.*" This form of guaranty was fought by the sophisticator and dishonest manufacturer until such opposition was seen to be clearly hopeless. After its inevitableness was established, the advertiser saw the commercial possibilities in the guaranty, and a campaign of advertising was instituted with the one object in view of leading the public to think that "Guaranteed under the Food and Drugs Act" is equivalent to a government guaranty of the purity of the product bearing the legend. This, of course, is far from the truth. To prevent the continued unscrupulous use, the wording of the guaranty clause has been changed, the modified form becoming effective January 1, 1909. After that date it will read: "*Guaranteed by (Name of Guarantor) under the Food and Drugs Act, June 30, 1906.*" To prevent loss on the part of those who have labels on which the legend appears in its older form, such labels may be used until January 1, 1911. This applies, however, only to those who had their guaranty on file at Washington previous to January 1, 1909.—*Journal of the A. M. A.*

The Lone Star State Medical Society is the name of the medical organization composed of negro physicians. Dr. R. E. L. Holland, of Temple, is the secretary, and Dr. J. U. Jemeson, of Texarkana, is president. The membership in this organization is about 63. Secretary Holland says there are about 150 negro physicians in the State, with 9 or 10 dentists and 11 or 12 pharmacists. Inquiry was made of the secretary of the State Examining Board in order to answer a personal inquiry from a physician in Austin as to the number of negro physicians in Texas. The following is the reply of Secretary Daniel:

"Relative to the number of negro physicians registered in the State, this can not be accurately determined from our records, inasmuch as they are not designated except in the fewest instances. A portion can be designated by supposing that all who verified by reason of having registered diplomas from certain colleges are negroes. To illustrate, when an applicant who secured verification by reason of having recorded a diploma from Meharry Medical College, Leonard College of North Carolina, Howard University, Washington, D. C., Knoxville Medical College, or University of West Tennessee, the conclusion is that the holder thereof is a negro. Quite a number verified upon a district clerk's certificate basis, and then again there was a period in the history of this country when negroes were admitted to a great many of the white colleges. There is no way of accounting for this class. So you can clearly see how inaccurate it would be to depend upon the records for correct data as applied to this particular class of licentiates."

An Appeal for Contributions to Aid Mrs. Carroll.—At the Conference on Medical Legislation held in Washington, D. C., January 18-20, 1909, resolutions were adopted providing for a committee of one member each from the medical department

of the army and navy, one from the United States Public Health and Marine Hospital Service, one member from the District of Columbia and one member from the Council on Medical Legislation to present to the medical profession the conditions under which the widow of Major James Carroll is now placed, and to devise such plans as might seem advisable for her relief. The following committee was appointed: Major M. R. Ireland, U. S. A.; Surgeon W. H. Bell, U. S. N.; Dr. John F. Anderson, United States Public Health and Marine Hospital Service; Dr. John D. Thomas, Washington, D. C., and Dr. A. S. von Mansfelde, of Ashland, Neb.

Mrs. Carroll has been granted a pension of $125 a month on which to support herself, seven young children and the aged mother of her husband. The house which Major Carroll had partly paid for is mortgaged for $5000. Since the conference adjourned, the medical officers of the army have raised enough to pay the taxes on the house, one monthly note of $50 and the overdue interest on the first mortgage, amounting to $125. Believing that the members of the medical profession will wish to contribute toward a fund for the purpose of paying the balance due on the house, the committee requests contributions of any amount; they may be sent to Major M. W. Ireland, United States Army, Washington, D. C.

Dr. Carroll, it will be remembered, lectured on the Cuban Commission and the value of yellow fever transmission in Galveston, April 12, 1905.

Public Health Meetings at Dallas.—The first of a series of public health meetings under the auspices of the Dallas County Medical Society, arranged for the purpose of educating the general public in methods of preventing and assisting in the cure of diseases was held Monday evening, March 15, at the Chamber of Commerce Auditorium. Addresses were made by Dr. M. M. Smith, representing the medical profession; Dr. W. Irving Carroll, representing the clergy, and Judge Yancey Lewis, representing the profession of law. The hall was fairly well filled and a large number of school teachers were present. Dr. J. H. Reuss, president of the Dallas County Medical Society, in a few well chosen words, explained that the meeting was the beginning of a campaign of scientific education, and mentioned the results the physicians hoped to achieve. Dr. M. M. Smith then spoke on "*Tuberculosis.*" His practical manner of dealing with the facts and ravages of the disease was appreciated by his hearers. He took occasion to compliment the Thirty-first Legislature for passing the bill appropriating $150,000 for a tuberculosis sanitarium.

Dr. Carroll then spoke on the "*Relation of the Church to Public Health.*" He said that health is a community affair; that we are our brothers' keepers. He doubted the wisdom of having the study of physiology concluded at so early an age in the public schools, expressing the opinion that the pupils had finished with the book before their minds were able to grasp the importance of the subjects. Judge Yancey Lewis then spoke on the subject of "*Tuberculosis from the Standpoint of a Lawyer and a Layman,*" as follows: "Whenever we disregard established laws with reference to our fellowmen, not only do they suffer, but we, ourselves, pay the consequences. If we neglect the children of our less fortunate neighbors, they grow up to be enemies of society. If we are unconcerned about conditions in the tenement district where conditions are conducive to disease, that disease may invade our homes. This is especially true of tuberculosis. Its germs are so easily scattered in the dust that they have no respect for position. They may come from the negro's hut and enter the palatial home. To prevent disease to them is the most effective and surest way of preventing disease to us and ours. The right of the government to enact legislation relating to the public health has long been established, but that is one of the things about which it has concerned itself the least." He believes that every practicing physician should be required to report a case of tuberculosis every time he finds it, and that it should be placed under the control of the health authorities. Rules should be adopted saying what a man infected can do and what he can not do.—*Dallas News.*

DISTRICT SOCIETIES.

SECOND OR BIG SPRINGS DISTRICT.

The Jones County Medical Society met in Stamford, March 1st. Sixteen members were in attendance, and showed a commendable spirit of interest. Dr. T. W. Robertson, of Stamford, presented the subject "*Smallpox, Its Etiology, Diagnosis, Treatment and Prognosis.*" Much stress was laid upon differential diagnosis. He said he noticed that the better qualified physicians were having less trouble on this one point each year. The members present agreed that the essential points in smallpox were: correct diagnosis, compulsory vaccination and isolation.

In addition to the regular program, the society at its meeting, which will be held at Anson, will also hold a public health meeting. After the regular meeting in Stamford, on the 9th inst., Dr. Wm. Bunkley showed several of the visiting members, including the president and secretary of the society, over the city in his automobile, and also visited two interesting clinical cases.

Dr. R. H. Rush, of Stamford, presented application for membership in this society.

The Nolan-Fisher-Stonewall Medical Society met in regular session, Tuesday, March 2d, at the residence of Dr. J. G. Hambright, of Roby, with ten members present. Interesting speeches were made by Drs. Pope, Hambright, Davis, Callan and others. The following representatives were elected to the State Medical Association meeting at Galveston, May 12th: Dr. R. J. Pope, of Sweetwater, delegate; Dr. B. F. Archer, of Sweetwater, and Dr. J. D. Davis, of Roby, alternates.

Ten dollars was voted to the State Board of Medical Examiners to protect the public health laws. The society will hold its next meeting at Sylvester, June 2.

District Personals.—Dr. N. J. Smith, of Sinclair, was a delegate to the Grand Lodge I. O. O. F. at Galveston, in March.

Stamford has had some sixty cases of smallpox since the 1st of January.

Dr. J. F. Haley, of Midland, has gone to Europe for six months' post-graduate study.

THIRD OR PANHANDLE DISTRICT.

The Swisher-Briscoe County Medical Society will hold its next meeting April 6th. The following program has been announced: "*Labor; Preparation of Patient,*" Dr. M. C. Bell, Silverton; "*Rigid Os,*" Dr. Shoemaker; "*Delivery of Placenta,*" Dr. S. O. Ford, Kress; "*Cleansing of Mother and Bed After Delivery,*" Dr. F. O. McElroy, Happy; "*The Lying-in Period,*" Dr. E. Lee Dye, Tulia.

FOURTH OR SAN ANGELO DISTRICT.

The Runnels County Medical Society elected the following officers in December: President, Dr. Thos. A. Rape, Ballinger; Vice Presidents, Drs. W. B. Halley and J. H. Leggett, Ballinger; Secretary-Treasurer, Dr. E. R. Walker, Ballinger; Delegate, Dr. J. W. Blasdell, Ballinger; Censors, Drs. A. S. Love, W. W. Fowler and J. G. Douglas, Ballinger.

FIFTH OR SAN ANTONIO DISTRICT.

The Bexar County Medical Society met on February 4th, at San Antonio. The first paper was a few remarks on "*Chronic Glaucoma,*" with report of a case, by Dr. Robert E. Moss; "*Inguinal Hernia,*" with report of a case, by Dr. T. T. Jackson. Both papers were well discussed. The Society instructed its legislative committee to write letters to our respective legislators condemning most emphatically the optometry bill. A committee of seven was appointed to collect data and recommend back to this society a standard by which new members can either be approved or disapproved by the Board of Censors. Twenty-three members were present.

The program for the February 11th meeting was as follows: A paper was read on "*Diet and Nutrition*" by Dr. E. V. DePew; "*Gastric Hemorrhage in the New-Born,*" with report of a case, by Dr. B. F. Kingsley. Dr. A. W. Chase, of Fort Sam Houston, was elected a member of the society. Twenty-one were present.

On February 25th the society was addressed by Judge S. J. Brooks on *"The Medical Expert Witness."* Judge Brooks gave an enlightening review of the difficulties into which doctors and courts are sometimes involved by conflicting medical testimony in trials. He urged more careful study of the case in question by doctors who are called upon to testify, in order to avoid confusing variances in opinion. Judge Phil Shook addressed the society on the *"Commitment of the Insane."* He condemned in strong terms the prevailing methods of dealing with the supposedly insane whom it is proposed to put under restraint. He suggested that the law be so amended that a board of physicians might examine the patient touching his malady, and the action of this board be certified to the county judge. He urged the enactment of a measure providing for more ample facilities for caring for the insane, and the prompt and efficient treatment accorded would result in curing many ailments and in restoring the patients to citizenship at considerable less cost to the State than under the present system, which unjustly confines to the county jails many patients, and which certainly are the most unfit places for them imaginable. The society appointed Judge Shook, Judge Brooks, Dr. E. Berrey, Dr. G. H. Moody and Dr. S. Burg to draft a bill to be presented to the Legislature on the commitment of the insane.

The following section chairmen were appointed to serve during March and April: Surgery, Dr. S. Burg; Medicine, Dr. M. Bliem; Obstetrics and Gynecology, Dr. J. P. Oldham; State Medicine, Public and Personal Hygiene, Dr. B. F. Stout.

Dr. Nat Kenney was elected a member of the society. A smoker followed the program. Thirty-two members were present.

The Karnes County Medical Society had an enthusiastic meeting on March 3d, Dr. W. A. King, Councilor for the San Antonio District, being present. The following officers were elected: Dr. R. L. Hammock, Kennedy, President; Dr. S. A. King, Karnes City, Vice President; Dr. G. W. Sims, Falls City, Secretary-Treasurer; Dr. W. C. Moore, Runge, Delegate; Dr. G. W. Stevens, Karnes City, Alternate; Censors, Drs. Moore, King and Warren.

SEVENTH OR AUSTIN DISTRICT.

District Personal.—Dr. B. M. Worsham, formerly Superintendent of the Austin Insane Asylum, now an alfalfa farmer of El Paso county, is visiting his friends in Austin.

EIGHTH OR DEWITT DISTRICT.

The Colorado County Medical Society has elected the following officers for 1909: President, Dr. C. A. Williamson, Columbus; Vice President, Dr. W. J. Roberts, Altair; Secretary-Treasurer, Dr. C. E. Duve, Weimar; Censors, Drs. W. J. Roberts, F. O. Norris and J. H. Payne; Delegate, Dr. F. O. Norris, Eagle Lake.

NINTH OR SOUTHERN DISTRICT.

The Harris County Medical Society met February 20th, at Houston. After the minutes of the previous meeting were approved, the Secretary presented a communication from Dr. D. R. Fly, which contained an outline for a proposed public health meeting. On motion, a committee was appointed to arrange for such a meeting.

Dr. York moved that the city health officer be requested to have bacteriological examinations made in all cases of diphtheria. After some discussion, a substitute motion was accepted by Dr. York that the chair appoint a committee to wait on the city authorities and suggest the advisability of the appointment of a city pathologist. There being no clinical cases, Dr. C. C. Barrell read his paper on *"Carcinoma Uteri."* He described the methods of treatment of inoperable cases, and showed that none had given very good results. He then outlined the technic of the application of acetone in these cases, and reported a case that under the acetone treatment a dying patient had recovered, as far as could be seen, good health and strength. Only two months have elapsed since she had been discharged, but the results were thought sufficiently good to call the attention of the profession, as other cases might be benefited without waiting. The paper elicited marked interest. Dr. Krause enjoyed the paper, and Dr. Hodges considered the results remarkable. Dr. Belle C. Eskridge said that cancer had always seemed to her to be the most frightful of diseases, as much on account of its insidiousness as on account of its malignancy; 40,000 deaths in Germany from cancer occur annually and about the same in this country. Colored people are as susceptible as whites. Thinks it an infectious disease, and not due to a specific cancer cell. So many cases of surfaces in contact as the vaginal mucous membrane in cancer of the cervix, that become involved in the disease. She mentioned a case of a woman attended in her confinement by a midwife. The midwife was afflicted with a cancer of the breast, and the patient died of cancer of the uterus in eighteen months. She cited other circumstances that seemed to point to contagiousness of cancer. She does not agree with Dr. Barrell in the use of the curette, as any irritation stimulates the growth, and is opposed to the removal of sections for microscopical examination for the same reason. Thinks it inadvisable to tell the patient the nature of the trouble in inoperable cases, and does not feel as sanguine as Dr. Barrell as to the results of acetone. She reported a case where the cervix was amputated a year ago, followed by cautery, and the patient improved as did Dr. Barrell's patient.

Dr. S. G. Northrup was very much interested in the paper, even if the treatment is only palliative, and thought Dr. Barrell should be congratulated on the result, but malignant growths are treacherous and the time is too short to draw any conclusions. Agrees with Dr. Eskridge to the extent that chemical and mechanical irritation should be avoided, but the use of the curette followed by the cautery does good if used with judgment.

Dr. J. W. Scott is afraid that the results in Dr. Barrell's patient will not be permanent, and agrees with Dr. Eskridge about the infectiousness of cancer. He mentioned a case of three young women about thirty years old who lived close neighbors. One was afflicted with cancer of the uterus, and the other two visited her frequently. All three died with cancer. He mentioned another case where it appeared the wife became infected with cancer from her husband. He objects to the technic as described by Dr. Barrell because it requires too frequent treatments. He has had similar cases in which he used the curette followed by cautery, and does not believe the curette does any harm when properly used, as it removes infectious material. He has seen patients improve after such treatment to such an extent as to lead him to hope that they were permanently cured, but the conditions always returned in the end.

Dr. E. N. Gray thought the paper a most interesting one and that the results were splendid, but the time was too short to speak with any degree of certainty in saying the case was cured.

All taking part in the discussion said they would be glad to hear from the case later. Dr. Barrell in closing answered several questions put to him by the members, and agreed that sufficient time had not elapsed in which to determine permanent results and promised to make a later report.

The President then announced Dr. P. H. Sardino's paper, *"Chronic Malaria,"* for the meeting on February 27th.

TENTH OR SOUTHEASTERN DISTRICT.

Dr. H. E. Seastrunk, of Orange, is reported to be very ill at Fields, Louisiana.

THE TWELFTH OR CENTRAL DISTRICT.

The Bell County Medical Society met in Belton, March 3d, with forty-two members and two visitors present. The following program was rendered: *"Hip-Joint Disease and Best Method of Treatment,"* Dr. R. H. Draper, Sparta; *"Tuberculosis Up to Now, with Practical Points in Prophylaxis, Diagnosis and Treatment,"* Dr. J. M. Frazier, Belton; *"Value of Skiagraph in Diagnosis,"* Dr. O. F. Gober, Temple. The visiting physicians were tendered a banquet by the Belton physicians.

The Bosque County Medical Society elected the following officers in December: President, Dr. C. C. Cate, Morgan; Vice President, Dr. T. C. Coston, Cranfill's Gap; Secretary-Treasurer, Dr. J. H. Alexander, Meridian; Censors, Drs. R. L. Kimmins, T. C. Coston and W. T. McNeil; Public Health and Legislative Committee, Drs. J. T. Glass, J. C. Falkner, R. L. Kimmins; Delegate, Dr. R. L. Kimmins.

District Personals.—Dr. Edwin P. Vaughan and Miss Hammer, both of Hillsboro, were married January 6th.

Dr. F. D. Sims, formerly of Menlo, has moved to Abbott and opened an office for the general practice.

Dr. G. W. Berton, of Woodbury, who has been a member of this society for many years, died December 12th.

Dr. Wm. G. Elliott, of Hillsboro, has moved his offices into larger quarters, and is adding to his already large electrical and X-Ray apparatus, which gives Hillsboro a first class laboratory.

Dr. J. W. Hale, of Waco, chairman of the Section on Gynecology and Obstetrics for the Galveston annual meeting, has been in ill health for some months, and feels unequal to delivering the chairman's address on that section, and has delegated that duty to the secretary, Dr. H. M. Doolittle, of Dallas.

FOURTEENTH OR NORTHERN DISTRICT.

The Collin County Medical Society elected the following officers for the current year: President, Dr. F. C. Hayes, Climax; Vice President, Dr. W. G. Harris, Plano; Secretary-Treasurer, Dr. E. L. Burton, McKinney; Delegate, Dr. J. E. Hunter, McKinney; Alternate, Dr. J. N. Mendenhall, Plano; Censors, Drs. W. T. Wiley, J. C. Erwin and W. T. Largent, of McKinney; Committee on Public Health and Legislation, Drs. W. C. Bryant, R. L. Davis and J. C. Green.

The Cooke County Medical Society met March 9th, with a good attendance. Dr. Roy E. Hughes read a very interesting paper on the "*Opsonic Index.*" Dr. J. G. Jennett also read a paper.

The Denton County Medical Society met March 1st, with eleven members present. New members, Drs. J. R. Edwards, Denton, and Rebecca M. Evans, Denton. Program: Paper on "*Pneumonia,*" Dr. Geo. D. Lain, Sanger; "*Operation for Hypertrophy of Nasal Tissue,*" Dr. P. Lipscomb, Denton; "*Pleuro-Pneumonia,*" Dr. W. H. Swearingen, Denton.

The Ellis County Medical Society met at Waxahachie, March 9, with seventeen members present. Program: "*The Therapeutic Use of Alcohol,*" Dr. J. C. Loggins, Ennis; "*Report of a Case,*" Dr. G. P. Stoker, Ovilla; "*Paper,*" Dr. A. L. Thomas, Ennis; "*Report of Some Cases,*" Dr. R. W. Poplin, Saralvo; "*Paper,*" Dr. J. S. Berry, Waxahachie; "*Report of a Case,*" Dr. Z. N. Thornton, Forreston; "*Pneumonia,*" Dr. G. W. Stone, Waxahachie; "*Report of a Case,*" Dr. C. W. Simpson, Waxahachie.

The next meeting will be held at Ennis, April 12th, and will be devoted to the discussion of matters pertaining to the public health.

The Fannin County Medical Society met at Bonham, March 11th, with eleven members present. Dr. J. W. Van Noy, of Dodd City, read an interesting paper on *Placenta Previa,*" and reported a case. The paper was discussed by all present.

Grayson County Medical Society met at Denison, March 2d, with seventeen members present. Program: "*Eclampsia,*" Dr. E. L. Seay, Sherman. Discussion on "*Malignant Diseases and Their Modern Treatment.*" The following committees for the ensuing year were appointed: Committee on Public Policy and Legislation—Drs. D. R. May, Chairman, Whitewright; I. P. Gumby, Sherman; A. A. Blassingame, Denison; J. O. Mathews, Howe; J. M. Slaughter, Van Alstyne; C. L. King, Whitesboro; J. L. Bow, Bells; E. E. Ledbetter, Tioga; E. C. Williams, Collinsville; L. Kuseh, Pottsboro; S. C. Millen, Elm View. Censors—Drs. W. R. Hoard, Sherman; C. L. King and J. O. Mathews.

The Hopkins County Medical Society met at Como, March 3d, with eight members present. Dr. J. P. Dickerson read a paper on "*Eclampsia,*" and Dr. N. T. Lynch on "*La Grippe.*" The next meeting of the society will be held at Sulphur Springs, April 3.

The Hunt County Medical Society met at Greenville, March 9th, with twelve members present. Program: Paper on "*Thyroid Gland and X-Ray,*" Dr. B. F. Arnold, Greenville; "*Management of Abnormal Labor,*" Dr. W. N. Lemmon, Greenville. Committees for entertainment of the North Texas Medical Association, which meets in Greenville in June, were appointed.

The Hill County Medical Society met February 10th, at Hillsboro, with twenty members present. The program was as follows: Paper, "*Some Uses of Electricity in General Practice,*" Dr. W. G. Elliott; paper, "*Tonsils; Indication for Tonsilectomy and Tonsilotomy,*" Dr. J. W. Miller; *Clinic,* by Dr. R. H. Gough, showing good results of extraction of dislocated lens, the case having been complicated by acute glaucoma and iritis. Dr. T. E. Hunt of Abbott was elected to membership. The officers for the current year as are follows: President, Dr. B. S. Smith, Hillsboro; Vice President, Dr. M. W. Brian, Hillsboro; Secretary-Treasurer, Dr. R. H. Gough, Hillsboro; Committee on Public Health and Legislation, Dr. A. J. Gilbert, Hillsboro; Dr. J. A. Speer, Itasca; Dr. J. H. Wood, Hubbard; Delegate, Dr. B. H. Vaughan, Hillsboro; Alternate, Dr. A. J. Gilbert, Hillsboro.

The Tarrant County Medical Society met in regular session March 8th at Fort Worth with sixteen members present. Neither Dr. Littler nor Dr. Saunders, whose names were on the program, were present, and the meeting was opened by Dr. W. G. Cook with a report of two cases of meningitis treated with anti-meningitis serum. The committee that was appointed at the October meeting, consisting of Drs. Chase, Cook and K. H. Beall, to secure a supply of Dr. Simon Flexner's serum for the treatment of cerebro-spinal meningitis, had its first opportunity to use this serum last month. The remarkable results obtained by its use were given in Dr. Cook's report; these two cases were brought here by Dr. J. C. Erwin, of McKinney, Texas, in January. In the same family from which these cases came there had been three deaths by epidemic meningitis. *The first case* brought here, a child 2 years of age, received two serum treatments. A spinal puncture was made and three c.c. of fluid removed and 40 c.c. was the total amount of serum injected into the canal. The reaction as shown by the pulse, temperature and general symptoms was marked; the patient left the hospital at the end of two weeks completely recovered, and there were no complications or sequelæ. *The second case,* a child 5 years of age from the same family, was in the hospital only twelve days. Profiting by the experience gained in the first case, after the necessary amount of fluid was withdrawn from the spinal canal, a full dose of 30 c.c. of serum was given in one injection. The patient made a speedy and complete recovery. Bacteriologic examinations were made and the *diplococcus intraculluaris* was isolated in each case. In analysis of about four hundred cases in which serum was used, as reported by Dr. Flexner, the mortality was about 25 per cent. Previous to the serum treatment the mortality was 80 per cent. The general instructions for the use of the serum are as follows:

It should be kept in a refrigerator until ready to use, when it should be warmed to body temperature. The anti-serum is to be introduced direct into the spinal canal after withdrawal of the same quantity of fluid that is to be replaced by the anti-serum, not to exceed 30 to 45 c.c.; to be repeated every twenty-four or forty-eight hours for three or four injections and the gravity of the case. One hundred and twenty c.c. of the serum have been injected into the canal in four days without causing unpleasant symptoms. The earlier in the course of the disease the injections are made the better the results. Should the diagnosis be doubtful or the disease prove later to be other than epidemic meningitis, no harm will be done by the use of the serum. In the event of relapse the injection of anti-serum is to be removed promptly, as at first. Precise records of the manner of action of the anti-serum from the general symptoms of the disease, the local inflammation, and the diplococcus should be kept. It is expected that copies of the record of such cases as are treated with the anti-serum will be sent promptly to the Rockefeller Institute for medical research. Dr. Cook's report was fully and freely discussed by Drs. Lyle, Talbott, Van Zandt, Cook, Harper and Hogsett. Dr. Cook, in closing the discussion, says that the society should congratulate itself, as we were the first in the Southwest to use this serum.

The Lamar County Medical Society met at Bonham, March 4th, with twenty-three members and three visitors present. New members: Drs. Henry R. Smith, Detroit; W. D. Cross, Paris; C. L. Lunsford, Maxey, and M. L. Hefflefinger, Chicota. Program: "*Cirrhosis of Liver,*" J. F. Gibson, Paris; "*Diphtheria, Demonstration of Intubation on Subject,*" W. D. Cross, Paris; "*Injuries of Parturient Canal,*" M. A. Walker, Paris; "*Treatment of Fracture of Lower Jaw,*" Guy Morgan, Paris. Drs. E. C. Hindman and J. B. Chapman presented an interesting case of delayed resolution following pneumonia.

The Rockwall County Medical Society met at Royse, March 3d, with a good attendance. The meeting was wholly devoted to business.

District Personals.—Dr. W. J. Price and family, of Gainesville, are in New Orleans, where Dr. Price is taking a post-graduate course.

Dr. Val Andrews, formerly of Valley View, is now located in Floydada.

Dr. J. E. Neville, of Bonham, is in Chicago taking a post-graduate course.

Dr. R. B. Grammer, of Fort Worth, had the misfortune to have his home partially destroyed by fire on March 8.

The residence of Dr. H. C. Dial, of Sulphur Springs, was destroyed by fire March 16th. The total loss amounted to $6500.

Dr. L. Kusch, of Pottsboro, has recently married and moved to Day, Texas.

Dr. S. L. Terrell, of Dallas, is now hard at work with Hirschburg, Greef, Holle and Silex in Berlin. He reports the clinics very fine. He will spend a year on the continent in the study of the eye, ear, nose and throat.

Dr. John S. Turner has moved from Fort Worth to Dallas, where he has accepted the position of Chief Medical Director of the Southland Life Insurance Company. In addition to this corporation work, he will still continue his practice, where he will limit his work to mental and nervous diseases and consultations.

FIFTEENTH OR NORTHEASTERN DISTRICT.

The Cass County Medical Society met in Atlanta, March 3d, with a good attendance. Drs. W. W. Halbert, of Hughes Springs, and O. L. Smith, of Kildare, were elected to membership. One application for membership was received and referred to Board of Censors. There were no papers to be read, but several interesting discussions were indulged in. The society voted to hold the regular April meeting in Linden.

The Harrison County Medical Society met in Marshall, March 2d. A good attendance was noted. Dr. C. R. Williams, of the Texas & Pacific Hospital, read a paper on *"Operative Treatment of Hemorrhoids,"* which was generally discussed. Several cases were reported and discussed in an informal manner.

The Morris County Medical Society met in regular session in Daingerfield, March 1st. The following officers were elected for the ensuing year: President, Dr. L. Y. Turner, of Daingerfield; Vice President, Dr. R. D. Moore, or Omaha; Secretary-Treasurer, Dr. Wm. Smith, of Naples (re-elected). Drs. H. L. D. Jenkins, A. E. Starnes and Halbert, of Hughes Springs, visited the society and reported cases. A resolution was unanimously adopted inviting the physicians of neighboring communities to meet with the society regularly. The retiring President, Dr. J. S. Richardson, read a paper on *"The Persistence of Life."* Quite a good deal of general discussion of interest to the profession was indulged in by those present. Dr. W. R. Driskill, of Daingerfield, was elected to membership.

The Titus County Medical Society met in regular monthly session in Mt. Pleasant, March 9th. A small attendance was recorded, but many interesting subjects were discussed. It was decided at this meeting to make the next regular session an educational public health meeting, and to invite the whole public to attend. An interesting program will be arranged.

The Wood County Medical Society met in Mineola, February 26th, with a full attendance of members. This meeting was devoted to the subject of *"Surgery,"* and was under the direction of Dr. W. L. Baber, of Winnsboro, chairman of that section. The session began before noon and held until 10 o'clock p. m. There were several visitors present, who were accorded the privilege of the floor. The following program was rendered: *"Anesthesia,"* Dr. E. W. McCamish, Mineola; *"Harelip,"* Dr. J. M. Puckett, Hainsville; *"Hemorrhoids,"* Dr. D. A. York, Mineola; *"Blood as a Diagnostic and Prognostic Factor in Surgical Disease,"* Dr. A. D. Patillo, Winnsboro; *"Surgical Treatment of Sciatica, With Report of a Case,"* Dr. W. L. Baber, Winnsboro; address by Councilor, Dr. Holman Taylor, Marshall. Two clinics were offered by the chairman, Dr. Baber, an appendectomy and a harelip operation. These operations were done in a specially prepared room in a local hotel, and were quite an interesting innovation in society work. The next meeting of the society will be held at Winnsboro under the direction of the section of Obstetrics and Gynecology.

The Upshur County Medical Society met in Gilmer, March 9th, with a fair attendance. Councilor Dr. Holman Taylor was present and consumed the time of the meeting in his annual address.

District Personals.—Dr. O. L. Smith, of Kildare, Cass county, is doing post-graduate work in New Orleans.

Dr. B. U. Simms, of Bogalousa, La., has located in Atlanta.

COUNTY SOCIETIES.

CHANGES OF ADDRESS FROM FEBRUARY 15 TO MARCH 18, 1909.

W. H. Moursund, from Seguin to Lavernia.
John Rodman, from Waxahachie to 124 Cadiz St., Dallas.
E. G. Smith, from Bronson to Brookeland.
H. Kuehne, from Austin to Walburg.
I. M. Howard, from Seminole to Bronte.
J. C. Davis, from Canton to Sagerton.
Jas. Greenwood, Jr., from Seguin to 1122 Winnie St., Galveston.
S. B. Kirkpatrick, from Waco to Snyder.
C. M. Bloss, from Roscoe to Brown, Okla.
J. B. McKnight, from Menardville to Brady.
W. N. Brooks, from Oletha to Groesbeck.
R. W. Skipper, from Lovelady to Port Arthur.
C. W. Skipper, from Lovelady to Port Arthur.
G. M. Coston, from Cranfill's Gap to Seminole.
Wm. G. Elliott, from West to Hillsboro.
J. D. Carroll, from Naples to Jefferson.
B. T. Bryant, from Pritchett to Mt. Sylvan.
J. R. Miller, from Holly to Port Bolivar.
J. B. Stone, from Travis to Hamilton.
Geo. R. Fabor, from Dallas to Bryan.
J. F. Norman, from Blue Ridge to Trenton.
A. F. Beverly, from McKinney to Austin, care State Lunatic Asylum.
H. M. Phillips, from Prairieville to Kaufman.
L. H. Graham, from Boyce to Waxahachie.
E. F. Cough, from Lipan to Waxahachie.
T. M. Collins, from Sagerton to Andrews.
Chas. M. Sever, from Alvord to Holton, Kansas.
L. J. Cantrell, from Neame, La., to Ratcliff, Texas.
R. A. Kooken, from Hamilton to Fort Worth.
E. H. Putnam, from St. Francis, Ark., to Cuero.
G. H. Harwood, from Johnson City to Marble Falls.
Glenn Bartlett, from Shafter to Santa Eulalia, Mexico.
J. Woolsey, from San Antonio to Nixon.
B. V. Ellis, from Paris to Houston.
J. M. Williams, from Sherwood to San Angelo.
D. L. Peeples, from Teague to Navasota.
J. R. Nichols, from Greenville to San Antonio.
W. S. Sharp, from Ratcliff to Neame, La.
John S. Turner, from Fort Worth to Dallas.

NEW TEXAS MEMBERS OF A. M. A. FOR FEBRUARY, 1909.

Alexander, C. E., Pollock.
Brannon, H. O., Fort Worth.
Delaney, G. E., Galveston.
Hartman, Henry, Galveston.
Heard, A. G., Galveston.
Hearne, R. E., Mabank.
Hicks, J. H., Josephine.
Hume, Lea, Eagle Pass.
Kennedy, T. L., Galveston.
King, W. A., San Antonio.
Kleberg, Walter, Galveston.
McFarland, V. E., Eagle Pass.
Oxford, J. W., Austin.
Parker, G. D., Houston.
Pritchett, Ira E., Galveston.
Richmond, J. M., El Paso.
Ross, H. B., Del Rio.
Rumph, E. P., Lawn.
Scott, R. M., Del Rio.
Shipp, W. J., New Salem.
Shropshire, L. L., San Antonio.
Springer, J. G., San Antonio.
Taliaferro, W. F., Beaumont.
Thomson, W. F., Beaumont.
Warfield, Clarence, San Antonio.
Watson, Wm., Uvalde.
Williams, W. T., Beaumont.

DEATHS.

Dr. A. G. B. Dunn, of Stephenville, died at his home, February 26, 1909, aged 72 years and 16 days. He was born in Albemarle county, Virginia, February 10, 1837. His preliminary education was received in his native State. He began the study of medicine at an early age, and would have graduated in 1860, but the Civil War began. He served as surgeon in the Confederate Army, being stationed at Camp Lee during almost the entire time. After the war was ended, he was prevented from resuming his studies until 1874, when he graduated from the Richmond Medical College, of Richmond, Vir-

ginia. He then went to Missouri, where he practiced thirteen years. He removed to Seldon, Texas, where he did a general practice for twenty-five years. During the past few years his health failed to such an extent that he could not attend to his duties. He loved his profession and always adhered to a strict code of ethics. His life was exemplary, and his many good qualities won hosts of friends.

Dr. A. B. Mayfield, of Mineral Wells, died February 14, 1909. He was born at Saltillo, Mississippi, December 14, 1865, at which place he lived until he was 14 years of age. Dr. Mayfield attended school at Webb Brothers' Preparatory School, at Bell Buckle, Tennessee, and graduated at Cooper's Institute, Daleville, Mississippi. At the age of 25 he began the study of medicine, spending two years at Little Rock, Arkansas, and two years at Memphis Medical College, Memphis, Tennessee, at which place he graduated. He formed a partnership with his brother, Dr. R. L. Mayfield, and practiced two years at Water Valley, Mississippi. In 1894 he married Miss Sarah Scott, of Canton, Mississippi, and located at Smithville, Texas, where he established an extensive practice. In the spring of 1902 he had the misfortune to lose his wife. In 1904 he located again at Mineral Wells, and on June 28, 1905, married Miss Ethel Whatley of that city. Dr. Mayfield has for several years been an active member of his County and State Medical Societies, and will be greatly missed by his professional associates. His wife and five children survive him.

Dr. E. M. Rust, of Merkel, was born in Nulenburg, Kentucky, August 8, 1855. He died of Bright's disease, February 28, 1909. Dr. Rust graduated from the Louisville Medical College in 1884, and for two years practiced his profession in Central City, Kentucky, subsequently moving to Cottonwood, Callahan county, Texas, where he married Miss M. C. Ramsey. About eight years ago he moved to Merkel, Taylor, county, Texas, where he practiced medicine until two years ago, when his health failed and he was compelled to retire from active work. Dr. Rust was a man of very strong personality, a thorough gentleman in and out of his profession, and true to his family and friends. As a physician he ranked with the best, always strictly ethical, kind and considerate to his fellow practitioners, preferred to help rather than criticise. As a diagnostician, Dr. Rust had few superiors. About eight years ago he had the misfortune to lose his leg, amputation being made above the knee, but he still continued to do a large and active practice. In 1903 he took a post-graduate course in the New Orleans Polyclinic. He loved his profession and although a cripple, promptly responded to his many calls. A wife and three children survive him.

BOOK REVIEWS.

The Principles of Pathology, by J. George Adami, M. A., M. D., LL. D., F. P. S., Professor of Pathology in McGill University, and Pathologist to the Royal Victoria Hospital, Montreal; Late Fellow of Jesus College, Cambridge, England. Volume I, *General Pathology;* with 322 engravings and 16 plates. Philadelphia and New York: Lea & Febriger, 1908.

For twelve years the author has been engaged in the compilation of this monumental work. Those who know of his profound scholarship have looked forward to it with keen interest. Up to this time, none of the first pathologies of the day have been written in English. The pathologists of the continent have had so many advantages that the masterpieces in this real of science have hitherto been issued from those sources. Professor Adami has surpassed the expectations of his friends. The volume impresses this reviewer as the greatest medical work issued in the English language in the year 1908. It places English pathology in the forefront. Those who are bound to the old methods of treatment will be astonished at the new unfolding of the subject. One is apt to say of the early part of the volume, "This is a work on physiology." The author has pushed back his treatise to the consideration of cell life, cell chemistry, cell nutrition and cell development. The origin and nature of disease being an alteration of cell life, the study of disease begins with the normal physiology of the cell. So far as we know, this is the first attempt in the language to place the real *principles* of pathology in a logical and scientific way before readers.

The volume begins with the histology of the cell, then fellow chapters on the physiology and chemistry, growth, cell multiplication, adaptation, fertilization, parental and individual inheritance, etc. The discussions of inheritance, the development of the Mosaic theory, the biophoric theory and Mendel's law are especially up to date as well as fascinating, reducing to systematic laws much that until recently has been conjectural, and placing within reach facts and conclusions difficult to quickly locate in current literature.

Fourteen chapters are devoted to the *Causes of Disease*, including a most modern discussion of the embryological causes of monstrosities and abnormal development. The fundamental nature of exogenous and endogenous intoxications are thoroughly set forth.

The *Morbid* and *Reactive Processes* are treated in thirty-three chapters, divided into such actions proper and resulting tissue changes. The systematic reaction to toxins, the production and action of agglutinins, lysins, opsonins, etc., are treated with an inspiring breadth of view. The latter half of the work, while covering the field of tissue changes, tumor formation, degeneration, etc., is more conventional in its treatment, but is illuminated by constant reference to the latest experimental results.

The work is not without its errors; for instance, on pages 35 and 96 are two statements which are just the reverse of the truth. Such errors are inherent in the first volume of any work. The illustrations are, many of them, new and of great diagramatic clearness. The printing, paper and binding are fine samples of the bookmaker's art. Volume II will deal with Systematic Pathology, and the author will be assisted in its issuance by Albert G. Nichols, M. A., M. D., F. R. S. (Cam.).

Altogether, this is a wonderful presentation of disease processes, by one whose horizon seems broader than any present author because of his intelligent interpretation of things seen, and the heighth of the accumulated facts and knowledge upon which he stands. The work will give impetus to pathologic study and stimulate all who are in any way interested in the really scientific foundation of medicine. We congratulate the medical profession of America, the author, McGill University and the publishers upon its issuance.

Text-Book of Diseases of the Nose, Throat and Ear.—For the Use of Students and General Practitioners. By Francis R. Packard, M. D.; Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic Hospital and College for Graduates in Medicine; Aurist to the Out-Patient Department of the Pennsylvania Hospital. Three plates in colors, 153 black and white illustrations and 351 pages of text. Philadelphia and London. J. B. Lippincott Company, 1909.

This work is a well written book of the diseases of the Nose, Throat and Ear, and is equally well adapted for the uses of the busy practitioner and undergraduate students. It is especially adapted to practitioners who are about to take up this specialty. It deals comprehensively with the use of the many peculiar instruments used in laryngology, rhinology and otology. Its manner of handling the subjects of anatomy and diseases of these organs and their treatment is very direct, practical and scientific. It is one of the best new books that has yet appeared for especially this class of readers. The illustrations are new and well printed, both of the operative work, X-Ray pictures and instruments. The rapid advances made in recent years in this special line of work and the skill of the instrument maker render it necessary for text-books to be up-to-date. We can heartily commend the volume.

BOOKS RECEIVED.

Appendicitis and Diseases of the Vermiform Appendix. *Kelley.* (Lippincott.)

Constipation and Intestinal Obstruction. *Gant.* (W. B. Saunders Co.)

Epoch Making Contributions to Medicine, Surgery and the Allied Sciences. *Camac.* (W. B. Saunders Co.)

Transactions American Proctologic Society, 1908.

Food Poisoning. *Balduan.* (E. B. Treat.)

Disorders of the Bladder. *Cabot.* (E. B. Treat.)

Orthopedic Surgery. *Taylor.* (Appleton's.)

OFFICERS

OF THE

STATE MEDICAL ASSOCIATION OF TEXAS

1908—1909

ELECTED AT THE 40TH ANNUAL SESSION, CORPUS CHRISTI, MAY 12, 13 and 14, 1908.

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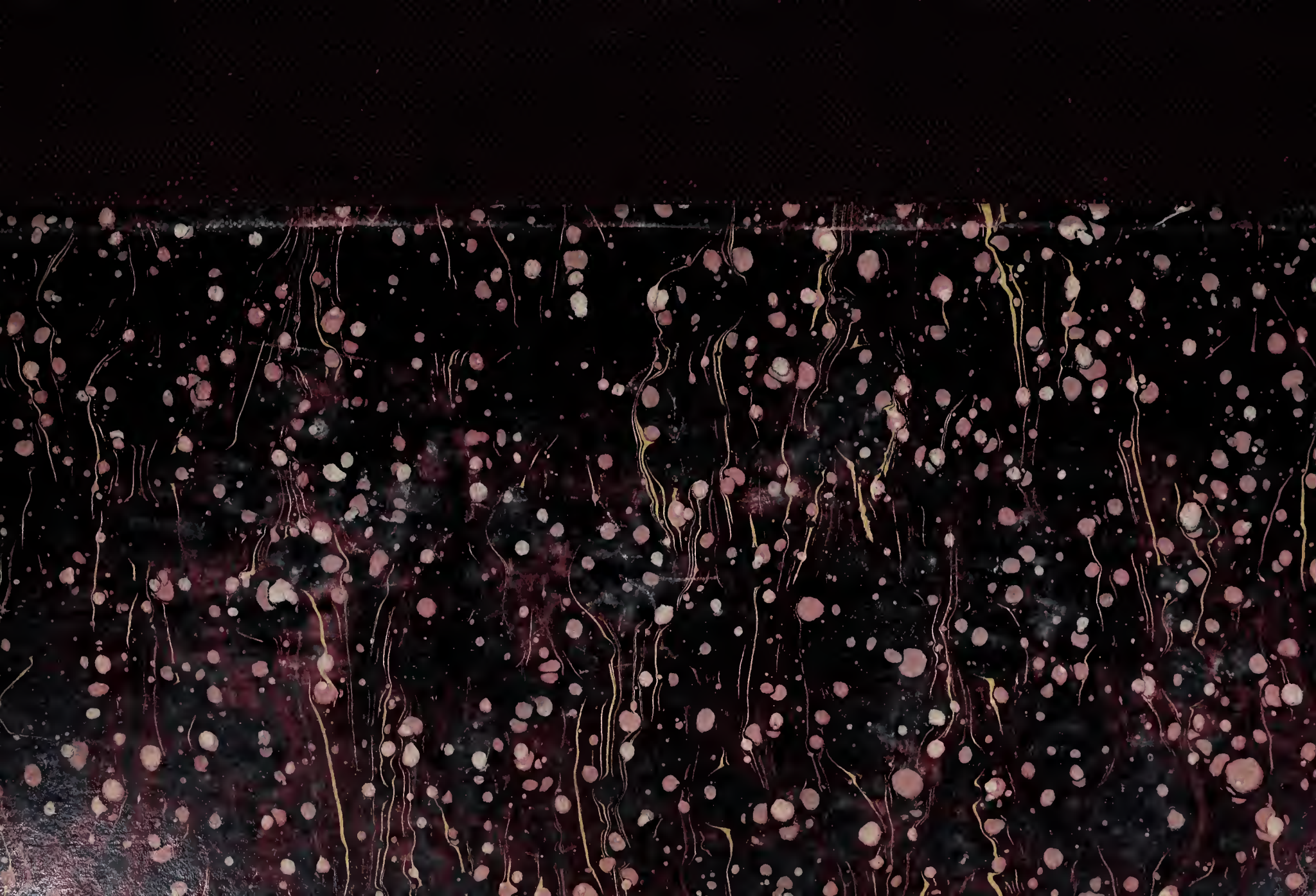
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